IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF DELAWARE

JIMMIE LEWIS

V. CA. NO. 04-1350(GMS)

DR. SYLVIA FOSTER, ET AL.

MOTION FOR ADMISSIONS # 1

DATE: 1/16/07

Jimmie Lewis
SBI # 506622
DEL. CORR. CENTER
1181 PADDOCK RD
SMYRNA, DE 19977

1.) DR. FOSTER, DO YOU ADMIT THAT YOU DID NOT DISCONTINUE THE P.R.N PRESCRIPTION FOR PSYCHOTROPIC DRUGS YOU ORDERED FOR THE PLAINTIFF, I.e., - GEODON - ATIVAN - HALDOL, AFTER YOU AUTHORED YOUR JUNE 10, 04 REPORT.

2.) DR. FOSTER, DO YOU ADMIT THAT THE 11/17/03 DATE YOU NOTED IN YOUR JUNE 10, 04 REPORT AS THE DATE OF THE PLAINTIFF'S ARREST, DOES NOT RELATE TO ANYTHING JUDICIAL REGARDING THE OFFENSES THE PLAINTIFF IS INCARCERATED FOR, EXCEPT THAT THE STATES DISTRICT ATTORNEY WAS SEEKING TO OBTAIN FELONY CONVICTION INFORMATION FROM MIAMI, FL ON 11/18/03 TO HAVE THE PLAINTIFF SENTENCE TO LIFE INPRISONMENT AS AN HABITUAL OFFENDER AS OPPOSED TO THE EIGHT YEARS HE WAS FACING, CAN BE VIEWED NOT JUST AS A COINCIDENCE, BUT AS CONSPIRACY.

3.) DR. FOSTER, DO YOU ADMIT THAT AN ALLERGIC REACTION TO PSYCHOTROPIC DRUGS CAN KILL.

4.) DR. FOSTER, DO YOU ADMIT THAT THE INFORMATION UTILIZED BY THE F.C.M MENTAL HEALTH EXAMINER, AND THEREAFTER UTILIZED BY YOU TO AUTHOR YOU JUNE 10, 04 REPORT, WAS NOT SUPPORTED BY FACTUAL AFFIDAVITS THAT YOU RECEIVED AND CAN UTILIZE AS DISCOVERY EVIDENCE TO SUPPORT YOU CLAIMS WHEN YOU REFER TO THE F.C.M MENTAL HEALTH EXAMINER, AS STATED IN YOUR JUNE 10, 04 REPORT.

5.) DR. FOSTER, DO YOU ADMIT THAT YOUR JUNE 10, 04 REPORT CONTAINS ERRORS THAT THE NEW CASTLE COUNTY SUPERIOR COURT JUDGE PEGGY L. ABLEMAN REFLECTED UPON BEFORE SENTENCING THE PLAINTIFF.

6.) DR. FOSTER, DO YOU ADMIT THAT YOUR JUNE 10, 04 REPORT STATES THAT NO PSYCHOTROPIC MEDICATION WAS PRESCRIBED, FOR WHICH IS INCORRECT BECAUSE YOU DID PRESCRIBE THE PLAINTIFF THE PSYCHOTROPIC DRUGS SEROQUEL, ATIVAN, HALDOL, EFFEXOR, AND GEODON THAT WAS GIVEN TO HIM THROUGH OUT THE COURSE OF HIS STAY AT THE D.P.C.

7.) DR. FOSTER, AS NOTED IN YOUR JUNE 10, 04 REPORT, DO YOU ADMIT THAT THE PLAINTIFF REVEALED NO EVIDENCE OF A MOOD DISORDER AND NO EVIDENCE OF PSYCHOSIS.

8.) DR. FOSTER, DO YOU ADMIT THAT YOUR JUNE 10, 04 REPORT DOES NOT REFLECT THAT THE GUATNEY AND OR THE Mc GARRY FUNCTIONS WAS PRESENTED TO THE PLAINTIFF BEFORE HIS 10/21-23/03 TRIAL.

9.) DR. FOSTER, DO YOU ADMIT THAT YOU HAD THE AUTHORITY TO ORDER THE USE OF FORCE AGAINST A INMATE PATIENT DURING YOUR WORKING AS FORENSIC PSYCHIATRIST AT THE D.P.C BETWEEN THE DATES 5/21/04 THRU 6/25/04.

10.) DR. FOSTER, DO YOU ADMIT THAT THE PLAINTIFF STOOD TRIAL OCT 21-23, 03, BUT YOU MADE ABSOLUTELY NO MENTION OF THIS FACT IN YOUR JUNE 10, 04 REPORT.

11.) DR. FOSTER, DO YOU ADMIT THAT YOUR JUNE 10, 04 FORENSIC EVALUATION TO DETERMINE THE PLAINTIFF'S COMPETENCY WAS NOT DONE RETRO ACTIVELY TO THE PLAINTIFF'S OCT 21-23, 03 TRIAL.

12.) DR. FOSTER, DO YOU ADMIT THAT THE PLAINTIFF HAS THE CONSTITUTIONAL RIGHT TO REFUSE PSYCHOTROPIC DRUGS.

13.) DR. FOSTER, DO YOU ADMIT THAT IF THE PLAINTIFF HAD BEEN GIVEN A COMPETENCY HEARING AT THE D.P.C, HE WOULD HAVE BEEN ABLE TO CHALLENGE YOUR JUNE 10, 04 REPORT, DURING SAID COMPETENCY HEARING.

14.) DR. FOSTER, DO YOU ADMIT THAT THE PLAINTIFF NEVER RECEIVED ANY WRITTEN NOTICES OF DISCIPLINARY SANCTIONS, INFORMING HIM OF (A) HIS RIGHTS, (B) WRITTEN DISCRIPTION OF SAID DISCIPLINARY VIOLATIONS, (C) HIS RIGHT TO APPEAL, (D) FACT FINDING EVIDENCE, (E) - HIS RIGHT TO COUNSEL, (F) HIS RIGHT TO BE PRESENT AT THE DISCIPLINARY HEARING.

15.) DR. FOSTER, DO YOU ADMIT THAT THE PLAINTIFF RECEIVED INVOLUNTARY INJECTIONS OF PSYCHOTROPIC DRUGS ON, 6/6/04, 6/14/04 AT OR ABOUT 8:00PM, 6/14/04 AT OR ABOUT 11:00PM, 6/21/04, 6/22/04 AND 6/24/04, BECAUSE IT WAS CONCLUDED THAT "AGGITATION" WAS RESPONSABLE FOR THE PLAINTIFF'S BEHAVIOR.

16.) DR. FOSTER, DO YOU ADMIT THAT THE PLAINTIFF DIDN'T GO BEFORE ANY SORT OF A COMMITTEE CONSISTING OF A PSYCHIATRIST, A PSYCHOLOGIST AND A OFFICIAL, IN ORDER TO CONDUCT A JUDICIAL HEARING TO INFORM THE PLAINTIFF BY WAY OF WRITTEN NOTICE(S), (A) THE NATURE OF THE JUDICIAL HEARING TO INVOLUNTARILY ADMINISTER PSYCHOTROPIC DRUGS TO HIM, (B) HIS RIGHT TO ATTEND, (C) HIS RIGHT TO PRESENT EVIDENCE, (D) HIS RIGHT TO CROSS EXAMINE WITNESSES, (E) HIS RIGHT TO BE REPRESENTED BY AN DISINTRESTED LAY ADVISER, (F) HIS RIGHT TO APPEAL, (G) HIS RIGHT TO PERIODIC REVIEW OF THE INVOLUNTARY ADMINISTRATION OF PSYCHOTROPIC DRUGS, AT ANY TIME DURING HIS STAY AT THE D.P.C BETWEEN THE DATES OF 5/21/04 THRU 6/25/04.

17.) DR. FOSTER, DO YOU ADMIT THAT YOU DID NOT RECEIVE AN OFFICIAL COURT ORDER FROM THE NEW CASTLE COUNTY SUPERIOR COURT; THAT WAS FILED WITH THE CLERK OF THE PROTHONOTARY AND DOCKETED ON THE PLAINTIFFS SUPERIOR COURT CRIMINAL DOCKET SHEET BEFORE HE WAS TRANSFERED BACK TO THE D.O.C ON 6/25/04

18.) DR. FOSTER, DO YOU ADMIT THAT YOU DON'T HAVE DOCUMENTATION SUCH AS DISCIPLINARY REPORTS AND OR NOTORIZED AFFIDAVITS TO FACTUALLY VALIDATE THAT ON 5/26/03 THE DATE OF THE PLAINTIFF ARREST, THAT HE ASSAULTED A CORRECTIONAL OFFICER, AND WAS TRANSFERED TO THE H.R.Y.C.C. INFIRMARY, AS NOTED IN YOUR JUNE 10, 04 REPORT.

19.) DR. FOSTER, DO YOU ADMIT THAT YOUR JUNE 10, 04 REPORT FOR WHICH IS ABOUT 7 PAGES, ONLY UTILIZES 6 SENTENCES TO MAKE REFERENCE REGARDING THE OFFENSE(S) THAT THE PLAINTIFF WAS ORDERED TO BE EVALUATED FOR, DOE'S NOT MAKE ANY REFERENCE REGARDING THE PLAINTIFF'S STATE OF MIND AT THE TIME OF THE ALLEGED OFFENSES.

20.) DR. FOSTER, DO YOU ADMIT THE NEWS PAPER MISSING PERSONS AD DEPICTING THE PLAINTIFF AS A MENTAL HEALTH PERSON JUST SEVEN DAYS (MAY 19, 2003) BEFORE HIS MAY 26, 2003 ARREST SHOULD HAVE BEEN TAKEN INTO CONSIDERATION REGARDING THE PLAINTIFFS STATE OF MIND AT THE TIME OF THE ALLEGED OFFENSES NOTED IN YOUR JUNE 10, 04 REPORT.

21.) DR. FOSTER, ACCORDING TO THE D.P.C P.R.N MEDICATION ADMINISTERED SHEET, THE PLAINTIFF RECEIVED INVOLUNTARY ADMINISTERED PSYCHOTROPIC DRUGS, 5 OUT OF THE LAST 10 DAYS OF HIS STAY AT THE D.P.C DATING 6/15/04 THRU 6/25/04, DO YOU ADMIT THAT THE PLAINTIFF WAS NOT STABLE AND SHOULD NOT HAVE BEEN TRANSFERED TO THE DEPARTMENT OF CORRECTIONS AT THAT TIME, AS IS STATED IN YOUR JUNE 10, 04 REPORT.

22.) DR. FOSTER, DO YOU ADMIT THAY YOU DID NOT AND OR DO NOT HAVE ANY FORENSIC PROOF SUCH AS AFFIDAVITS AND OR ORTHER DOCUMENTS THAT CAN BE PROVIDED VIA DISCOVERY, REGARDING THE PLAINTIFF'S ALLEGED OUT OF STATE LEGAL HISTORY TO SUPPORT YOUR CLAIMS, AS IS STATED IN YOUR JUNE 10, 04 REPORT

23.) DR. FOSTER, DO YOU ADMIT THAT YOU WERE NOT PRESENT AND HAVE NO FACTUAL PROOF SUCH AS AFFIDAVIT, VIDEO AND OR AUDIO RECORDINGS THAT YOU COULD PROVIDE VIA DISCOVERY REQUEST THAT WOULD SUPPORT YOUR STATING; QUOTE, THE PLAINTIFF REFUSED ALL MEDICATIONS AND REQUESTED ONLY XANAX AND VALUIM, HIGHLY ADDICTIVE DRUGS OF THE BENZODIAZEPHINE FAMILY, AS IS STATED IN YOUR JUNE 10, 04 REPORT.

24.) DR. FOSTER, DO YOU ADMIT THAT YOU DO NOT HAVE A PHOTO COPY OF THE ALLEGED HIGHLY ARTICULATE WELL WRITTEN EXPLANATION THAT ~~[illegible]~~ YOU STATED THE PLAINTIFF AUTHORED AND HANDED OUT REGARDING HIS ACTIONS OF THE ALLEGED CRIME HE'S INCARCERATED FOR, AS IS STATED IN YOUR JUNE 10, 04 REPORT.

25.) DR. FOSTER, DO YOU ADMIT THAT THE WILMINGTON DEPARTMENT OF POLICE DETAINEE ASSESSMENT / PROPERTY RECEIPT IS THE ONLY DOCUMENT AVAILABLE THAT STATES EXACTLY WHY THE PLAINTIFF WAS TRANSFERRED TO THE H.R.Y.C.I ON MAY 26, 03 THE DATE OF HIS ARREST

CERTIFICATE OF SERVICE

I, THE UNDERSIGNED PLAINTIFF JIMMIE LEWIS DUE HEREBY CERTIFY ON THIS 16TH, DAY OF, JAN, 2007, THAT I DID MAIL ONE TRUE AND CORRECT COPY OF THE MOTION FOR ADMISSION # 1, BY U.S. POSTAL TO EACH OF THE FOLLOWING:

CLERK OF THE COURT (GMS)
UNITED STATES DISTRICT COURT
844 N. KING ST, LOCKBOX 18
WILMINGTON, DELAWARE 19801

LOUIS J. RIZZO JR
1001 JEFFERSON PLAZA
SUITE 202
WILMINGTON, DELAWARE 19801

DATE: 1/16/07

Jimmie Lewis
SBI #506622
DEL. CORR. CENTER
1181 PADDOCK RD
SMYRNA, DE 19977

STATE OF FLORIDA, COUNTY OF DADE
I HEREBY CERTIFY that the foregoing is a true and correct copy of the original on file in this office. 11/18/08 A.D. 20___
HARVEY RUVIN, Clerk of Circuit and County Courts
Deputy Clerk

"JURY INSTRUCTION"

STATE OF MIND

An element of a criminal offense deals with the state of mind of the defendant. It is, of course, difficult to know what is going on in another person's mind. Therefore, you are permitted to draw an inference, or in other words to reach a conclusion, about a defendant's state of mind from the facts and circumstances surrounding the act that the defendant is alleged to have done. In reaching this conclusion, you may consider whether a reasonable person acting in the defendant's circumstances would have had or would have lacked the requisite [intention, recklessness, knowledge or belief]. You should, however, keep in mind at all times that it is the defendant's state of mind which is at issue, and in order to convict the defendant you are required to find beyond a reasonable doubt that the defendant in fact had the [intention, recklessness, knowledge, or belief] required for a finding of guilt.

The fact that our law permits you to draw an inference about a defendant's state of mind in no way relieves the State of its burden of proving beyond a reasonable doubt every element of an offense.

NEWS BRIEFS

Three injured in jump from burning boat

BRICK: Three people suffered minor burns and two others escaped injury when all five jumped from a boat that caught fire in the Barnegat Bay near the Metedeconk River yesterday, Brick Township police said.

The boat was about 30 yards out from an Ocean County marina about 4:30 p.m. when flames engulfed the craft, possibly the result of an explosion, said Sgt. Craig Lash.

All five boaters were rescued, the sergeant said. The boat, which was gutted, drifted to shore and beached itself.

Public is asked to help find missing Newark man

NEWARK: Police are seeking the public's assistance in finding a city resident who suffers from schizophrenia and a bipolar disorder.

LEWIS

Jimmie Lewis Jr., 36, talked last with his mother by telephone on May 19, but wasn't reported missing until June 25, said Lt. Derek Glenn, a city police spokesman.

He said Lewis, described as manic depressive, is 6 feet 2 inches, weighs 230 pounds, has brown eyes, black hair and a dark skin.

Glenn said anyone with information should contact police at (973) 733-5172.

WILMINGTON DEPARTMENT OF POLICE

Detainee Assessment / Property Receipt

Detainee's Name: Lewis, Jimmie (Last, First Middle) Case #: 30-03-

Charges: Carjacking, Theft Arresting Officer: E. Godwin

Additional Officer: J. Santana

Detainee's Physical Condition: OK ☑ Other ☐

Explain: (Body deformities/Bruises/Sutures) :

Medication: Yes ☑ No ☐ Type: PSCHOTROPIC
THORAZINE, DEPAKOTE, VISTORIL, RISPERDAL

Unusual Behavior:

Explain: DETAINEE STATED THOUGHTS OF SUICIDE, TRANSFERED TO M.P.C.J.F INFIRMARY

Detainee's Property			Seized as Evidence	
Currency/Coin	U.S. Currency:	1.00	U.S. Currency:	
	U.S. Coin:	2.26	U.S. Coin:	
	Total:	9.26	Total:	

(Have detainee initial next to totals)

Clothing: BELT, WALLET WITH S.S CARD, LICENCES (NJ).

Jewelry: NECKLESS WITH EGYPTION CROSS, DEVIL HORNS AND CAT EYE CONTACT LENSES

Miscellaneous: 3 SETS OF KEYS (ONE SET VICTIMS), PSYCH TREATMENT PLAN, AMTRACK TRAIN TICKET

Officer Receiving Property — 06/26/03 Date — 0621 hours Time

Transporting Officer — Date — hours Time

I, _____, have received the above property from the Wilmington Department of Police, which was taken from me on the above date. _____ Date _____ hours. Time

Form To Be Completed in Duplicate

Northern State Prison-Main
PO Box 2300 Newark, NJ

JIMMY LEWIS Inmate Housing Location - Northern State Prison-Main
Male DOB: 12/26/1963 SBI #: 000385 95E Booking #: 285963

12/20/2001 - Internal Other: MH Treatment Plan: Update
Provider: Bernice M. Frinch, LCSW
Location of Care: Northern State Prison-Stabilization Unit
This document contains confidential information

Current Problems:
HYPERTENSION, UNSPECIFIED (ICD-401.9)
ANTISOCIAL PERSONALITY DISORDER (A2) (DS4-301.7)
R/O SCHIZOAFFECTIVE DISORDER (A1) (DS4-295.70)
R/O BIPOLAR DISORDER NOS (A1) (DS4-296.80)

Current Medications:
VISTARIL CAPS 100 MG (HYDROXYZINE PAMOATE) Take 1 cap po HS prn Start 11/30/01 End 12/30/01
DEPAKOTE 500 MG 1 tab in am & 2 tabs @ hs x 15 days
RISPERDAL 1 MG 1 tab bid x 15 days
THORAZINE TABS 100 MG (CHLORPROMAZINE HCL) Take 1 tab po Q6h prn agitation

Housing: SU

Strengths and Limitations
Communication good
Medication Compliance good
Supportive Relationship fair
Physical Health fair
Social Skills poor
Estimated Literacy level fair
Insight fair
Motivation for treatment fair
ADL compentencies good
Substance Abuse History Hx of drug abuse
Suicide History Hx suicide attempts and ideation

New Problems
Axis IV
Patient has a problem with social environment, criminal and legal system.

Treatment Goals and Modalities

Thought to injure oneself
Problem Definition:
Reoccurance thought to hurt self evidenced by verbal threat.
Treatment Goals:
Inmate will not hurt other
Inmate will learned new techniques to deal with his upset.
Inmate will eliminate acting out behaviors such as self- harm suicidal threats.
Treatment Modalities:
Psychiatrist will provide daily counseling and medication assessment.
Social worker will provide daily conseling and group session

Daily individual counseling by psychologist.

Thought to injure others
Problem Definition:
Reoccurance thought to hurt other evidenced by verbal threats and and argumentative behavior.
Treatment Goals:
Inmate will not hurt other.
Inmate will attend anger management session.
Inmate will demonstrate effective communication skills without threat to hurt other.
Treatment Modalities:
Daily contacts with psychiatrist for medication assessment and prescription.
Daily group session with social worker and focus on anger manent.
Daily individual counseling session with psychologist
Additional Notes: Inmate states that he want individual therapy to deal with his attitude because it has become an issues which has prevented him from making choices. He states he is beginning to make threats to solve problem,.

Outpatient treatment plans must have social worker, psychiatrist, psychologist, and imate signatures.

OT	Date	SW	Date
Psychologist	Date	Psychiatrist	Date
RN	Date	Officer	Date

Jimmie Lewis 12/21/01
Inmate Date

Signed by Bernice M. Frinch, LCSW on 12/20/2001 at 10:32 PM

SUPERIOR COURT CRIMINAL DOCKET (as of 10/31/2006) Page 1

State of Delaware v. JIMMY LEWIS DOB: 12/25/1966
State's Atty: BRIAN J ROBERTSON , Esq. AKA:
Defense Atty: JOHN S EDINGER , Esq.

Assigned Judge:

Charges:

Count	DUC#	Crim.Action#	Description	Dispo.	Dispo. Date
001	0305016966	IN03060175R1	CARJACKING 2ND	GLTY	10/23/2003
002	0305016966	IN03060176R1	THEFT $1000 OR>	GLTY	10/23/2003
003	0305016966	IN03060177R1	RESIST ARREST	GLTY	10/23/2003

No.	Event Date	Event	Judge
1	06/03/2003	CASE ACCEPTED IN SUPERIOR COURT. ARREST DATE: 05/26/2003 PRELIMINARY HEARING DATE: 060203 BAIL: SECURED BAIL-HELD 12,000.00 100% NO CONDITION	
2	06/30/2003	INDICTMENT, TRUE BILL FILED.NO 6 SCHEDULED FOR CASE REVIEW AND ARRAIGNMENT 07/28/03 AT 9:00	
3	07/03/2003	ACKNOWLEDGEMENT OF RECEIPT OF DISCOVERY RESPONSE. JOHN EDINGER	
4	07/14/2003	SUMMONS MAILED.	
	07/28/2003	CASE REVIEW & ARRAIGNMENT CALENDAR: SET FOR FINAL CASE REVIEW. DATE: 8/18/03 @ 9:00	COOCH RICHARD R.
6	08/12/2003	DEFENDANT'S LETTER FILED.	
	08/18/2003	FINAL CASE REVIEW: NO PLEA/SET FOR TRIAL_10/21/2003.	GEBELEIN RICHARD S.
5	08/18/2003	ORDER SCHEDULING TRIAL FILED. TRIAL DATE:__10/21/03 CASE CATEGORY:_____2 ASSIGNED JUDGE (CATEGORY 1 CASES ONLY): UNLESS THE COURT IS ADVISED WITHIN 2 WEEKS OF THE UNAVAILABILITY OF NECESSARY WITNESSES, THE COURT WILL CONSIDER THE MATTER READY FOR TRIAL. ABSENT EXCEPTIONAL CIRCUMSTANCES, RESCHEDULING OR CONTINUANCE REQUESTS WILL BE DENIED.	
8	08/29/2003		

B1

State of Delaware v. JIMMY LEWIS
State's Atty: BRIAN J ROBERTSON , Esq.
Defense Atty: JOHN S EDINGER , Esq.
AKA:
DOB: 12/25/1966

No.	Event Date	Event	Judge
		DEFENDANT'S LETTER FILED.	
12	09/30/2003	DEFENDANT'S LETTER FILED.	
7	10/06/2003	SUBPOENA(S) MAILED.	
9	10/07/2003	DEFENDANT'S LETTER FILED.	
13	10/07/2003	STATE'S WITNESS SUBPOENA ISSUED.	
22	10/10/2003	DEFENDANT'S LETTER FILED.	
15	10/14/2003	MOTION FOR DISCOVERY AND MOTION TO SUPPRESS FILED PROSE. REFERELL MEMO (RULE 47) SENT TO P.D. OFFICE TO MR. EDINGER.	
16	10/14/2003	DEFENDANT'S LETTER FILED. TO: J. EDINGER LETTER REFERRED TO COUNSEL	
10	10/15/2003	DEFENDANT'S LETTER FILED.	
11	10/15/2003	DEFENDANT'S LETTER FILED.	
14	10/17/2003	REFERRAL TO COUNSEL MEMORANDUM FILED. ATTACHING LETTER/DOCUMENT FROM DEFENDANT. REFERRED TO DEFENSE COUNSEL AS ATTORNEY OF RECORD. COPY OF DEFENDANT'S LETTER NOT REVIEWED BY THE COURT AND NOT RETAINED WITH THE COURT'S FILE. PLEASE ADVISE YOUR CLIENT THAT FURTHER COMMUNICATIONS REGARDING THIS CASE SHOULD BE DIRECTED TO YOU. J. EDINGER REFERRED BY: S. NAPIER	
18	10/20/2003	STATE'S WITNESS SUBPOENA RETURNED	
17	10/21/2003	TRIAL CALENDAR- WENT TO TRIAL JURY	ABLEMAN PEGGY L.
19	10/21/2003	JURY TRIAL HELD 10/21/03, 10/22/03, AND 10/23/03. JURY SWORN IN 10/21/03 AT 3:10 P.M. 10/22/03 DEFENSE MOTION FOR ACQUITTAL ON ALL 3 COUNTS. MOTION DENIED ON ALL 3 COUNTS. JURY FOUND DEFENDANT GUILTY OF CARJACKING 2ND (0175), THEFT (0176) AND RESISTING ARREST (0177). PSI ORDERED. SENTENCING SCHEDULED FOR 12/5/03 AT 9:30 A.M.	ABLEMAN PEGGY L.

State of Delaware v. JIMMY LEWIS DOB: 12/25/1966
State's Atty: BRIAN J ROBERTSON , Esq. AKA:
Defense Atty: JOHN S EDINGER , Esq.

No.	Event Date	Event	Judge
		1 COURT EXHIBIT. GAVE TO EDGAR JOHNSON TO PUT IN VAULT. AG/ROBERTSON - PD/EDINGER - CR/FELDMAN, DONNELLY & MAURER - CC/CARUSO. JUDGE HERLIHY TOOK THE VERDICT FOR JUDGE ABLEMAN	
24	10/21/2003	LETTER FROM: MARGOT R. MILLAR, OFFICE OF DISCIPLINARY COUNSEL TO: DEFENDANT. RE: DISCIPLINARY COMPLAINT AGAINST DEFTS. COURT APPOINTED ATTY. *SEE FULL LETTER IN FILE*	
20	10/23/2003	CHARGE TO THE JURY FILED.	ABLEMAN PEGGY L.
21	10/23/2003	VOIR DIRE QUESTIONS FILED. STATE'S PROPOSED VOIR DIRE.	
23	11/04/2003	LETTER FROM SUPREME COURT TO JIMMY LEWIS RE: THE SUPREME COURT IS IN RECEIPT OF YOUR LETTER DATED OCTOBER 24, 2003. THE SUPREME COURT IS AN APPELLATE COURT WHICH RECEIVES APPEALS AND RELATED DOCUMENTS FILED PURSUANT TO SUPREME COURT RULES. ACCORDING TO THE SUPREME COURT RECORDS, YOU DO NOT HAVE AN APPEAL PENDING AT THIS TIME. BY COPY OF THIS LETTER I AM PROVIDING COPIES OF YOUR LETTER TO YOUR ATTORNEY, AND THE DEPUTY ATTORNEY GENERAL, THE PROTHONOTARY.	
25	11/14/2003	MOTION FOR PSYCHOLOGICAL/PSYCHIATRIC EXAM FILED. BY JOHN S EDINGER JR,ESQ REFERRED TO JUDGE TOLIVER-OFFICE JUDGE SENT UP (11/24/03)	
26	12/01/2003	ORDER: ORDERED THAT JIMMY LEWIS THE DEFENDANT, BE TRANSFERRED TO THE DELAWARE STATE HOSPITAL FOR PSYHIATRIC EVALUATION FOR THE PURPOSE OF DETERMINING COMPETENCY, AND TO OBTAIN TREATMENT FOR HIS OWN WELL-BEING AS SOON AS DELAWARE STATE HOSPITAL NOTIFIES GANDER HILL OF AN AVAILABLE OPENING, JIMMY LEWIS IS TO BE TRANSPORTED AND EVALUATED.	TOLIVER CHARLES H. IV
27	12/03/2003	MOTION FOR TRANSCRIPT FILED PROSE. REFERRED TO JUDGE ABLEMAN. * NOTE FROM CHAMBERS-JUDGE REVIEWED BOTH LETTERS 12/22/03 NO ACTION NEEDED. AMH	
28	12/16/2003	DEFENDANT'S LETTER FILED.	
29	01/13/2004	DEFENDANT'S LETTER FILED.	
30	03/01/2004	LETTER FROM: JOHN S. EDINGER, ESQ. TO: JUDGE ABLEMAN	

State of Delaware v. JIMMY LEWIS DOB: 12/25/1966
State's Atty: BRIAN J ROBERTSON , Esq. AKA:
Defense Atty: JOHN S EDINGER , Esq.

No.	Event Date	Event	Judge
		RE: ON 12/01/03, THE COURT ORDERED THAT THE DEFENDANT BE TRANSFERRED TO THE DELAWARE STATE HOSPITAL FOR PSYCHIATRIC EVALUATION. TO DATE, HE HAS NOT BEEN TRANSPORTED FOR AN EVALUATION. (LETTER AND FILE REFERRED TO JUDGE ABLEMAN 03/01/04)	
31	03/11/2004	MOTION FOR JUDGMENT OF ACQUITTAL FILED PROSE. REFERRED TO JUDGE ABLEMAN	
32	03/23/2004	LETTER/ORDER ISSUED BY JUDGE: ABLEMAN RE: THE COURT HAS CONSIDERED YOUR PRO SE MOTION FOR JUDGEMENT OF ACQUITTAL. NORMALLY, THE COURT WILL NOT CONSIDER ANY PLEADINGS THAT YOU FILE PRO SE SINCE YOU ARE REPRESENTED BY COUNSEL, JOHN EDINGER. YOU SHOULD CONSULT WITH HIM FOR THE FILING OF ANY MOTIONS OR PLEADINGS IN THIS CASE, YOUR MOTION FOR JUDGEMENT OF ACQUITTAL IS UNTIMELY AND IS THEREFORE HEREBY DENIED. IT IS SO ORDERED JUDGE ABLEMAN.	ABLEMAN PEGGY L.
33	04/19/2004	PETITION FOR A WRIT OF HABEAS CORPUS FILED (PRO SE) REFERRED TO JUDGE CARPENTER. DATE REFERRED: 4/21/04 CIVIL CASE NO: 04M-04-054	
34	04/26/2004	LETTER/ORDER ISSUED BY JUDGE CARPENTER. RE: HABEAS CORPUS PETITION 04M-04-054 IS DENIED. YOUR REQUEST FOR HABEAS CORPUS RELIEF HAS BEEN FORWARDED TO ME FOR A DECISION. A REVIEW OF THE DOCKET IN THIS MATTER CLEARLY INDICATES THAT YOU WERE CONVICTED ON OCTOBER 21, 2003 ON THE CHARGES OF CARJACKING SECOND DEGREE, THEFT, AND RESISTING ARREST AND THE TRIAL WAS PRESIDED OVER BY JUDGE ABLEMAN. IN NOVEMBER, 2003, YOUR COUNSEL, MR. EDINGER, FILED A MOTION FOR A PSYCHIATRIC EXAMINATION WHICH WAS APPROVED BY JUDGE TOLIVER ON DECEMBER 1, 2003. WHILE I APPRECIATE THAT YOU ARE UPSET REGARDING THE DELAY THAT HAS OCCURED WITH REGARD TO THIS EVALUATION, IT DOES NOT PROVIDE YOU WITH A BASIS FOR HABEAS CORPUS RELIEF. SINCE IT IS CLEAR BASED UPON THE ABOVE THAT YOU ARE PRESENTLY BEING HELD CONSISTENT WITH YOUR CONVICTION ON THE ABOVE CHARGES AND YOUR FAILURE TO POST APPROPRIATE BAIL, YOUR REQUEST IS HEREBY DENIED. I WILL FORWARD A COPY OF THIS LETTER TO JUDGE ABLEMAN AND JUDGE TOLIVER SO THAT THEY MAY BE AWARE OF THE DELAY THAT IS OCCURRING. WCC	CARPENTER WILLIAM C. JR.
35	04/26/2004	NOTICE OF SERVICE RE: COPY OF GROUNDS FOR APPEAL	
36	05/07/2004	DEFENDANT'S LETTER FILED.	

State of Delaware v. JIMMY LEWIS DOB: 12/25/1966
State's Atty: BRIAN J ROBERTSON , Esq. AKA:
Defense Atty: JOHN S EDINGER , Esq.

No.	Event Date	Event	Judge
37	05/13/2004	PSYCHOLOGICAL/PSYCHIATRIC REPORT FILED. SUBMITTED BY: DONALD NAPOLIN, MENTAL HEALTH SUPERVISOR AND ORDER REQUESTING DEFENDANT BE TRANSFERED TO MITCHELL BUILDING GRANTED BY JUDGE TOLIVER ON 5-13-04	
38	05/14/2004	DEFENDANT'S LETTER FILED. LETTER REGARDING NAMES AND PLACE EMPLOYMENT OF BAILIFF'S WHO PROVIDED COURT ON 10/21 10/23 FOR A WRIT OF MANDAMUS TO BE FILED. *SEE FULL LETTER IN FILE.	
40	06/16/2004	LETTER FROM DIANNE STACHOWSKI TO JUDGE TOLIVER, REQUESTING DEFT BE TRANSFERED BACK TO DOC.	
39	06/28/2004	PSYCHOLOGICAL/PSYCHIATRIC REPORT FILED. SUBMITTED BY: SYLVIA FOSTER MD COPY SENT TO ATTORNEY AND JUDGE TOLIVER	
41	06/29/2004	LETTER FROM DIANNE STACHOWSKI TO JUDGE TOLIVER REQUESTING DEFENDANT BE TRANSFERRED BACK TO DOC.	
42	07/06/2004	LETTER FROM COMMISSIONER WHITE TO COUNSEL GIVING THEM 10 DAYS TO REQUEST A COMPETENCY HEARING AND INFORMING OF THE SENTENCING DATE OF 8-27-04 AT 9:30 WITH JUDGE TOLIVER.	
43	07/19/2004	MOTION TO DECLARE DEFENDANT AN HABITUAL OFFENDER FILED. BY BRIAN J ROBERTSON,DAG MOTION PUT IN FILE TO BE HEARD AT SENTENCING	
44	07/26/2004	PSYCHOLOGICAL/PSYCHIATRIC REPORT FILED. COPY RECEIVED FROM DEFENDANT LEWIS SEALED BY ORDER OF SUPERIOR COURT	
45	08/02/2004	CONTINUANCE REQUEST FILED BY J EDINGER - GRANTED PER JUDGE ABLEMAN (SENTENCING)	
46	08/09/2004	MOTION TO DISMISS COUNSEL FILED PRO SE. REFERRED TO JUDGE ABLEMAN	
47	08/17/2004	MOTION FOR COMPETENCY HEARING FILED PRO SE. REFERRED TO JUDGE ABLEMAN	
48	08/17/2004	MOTION FOR DISCOVERY FILED PRO SE. REFERRED TO JUDGE ABLEMAN	
49	08/20/2004		ABLEMAN PEGGY L.

EXHIBIT

DELAWARE HEALTH
AND SOCIAL SERVICES
DIVISION OF SUBSTANCE
ABUSE AND MENTAL HEALTH

DELAWARE PSYCHIATRIC CENTER

June 15, 2004

The Honorable Charles H. Toliver IV
Superior Court of Delaware
500 King Street, Suite 10400
Wilmington, DE 19801

RE: Lewis, Jimmy
ID#: 0305016966

Dear Judge Toliver:

Enclosed herewith, please find the written report (s) by Sylvia Foster, MD. concerning the above named defendant.

Should you require any further information, please do not hesitate to contact me.

Respectfully,

Michael S. Talmo, M.Ed.
Director
Delaware Psychiatric Center

MST/jld

cc: Phebe Young, Deputy Attorney General
Dianne Stachowski, Unit Director
Richard Sadowsky, Ph.D.
Ranga Ram, MD
John Edinger, Esquire
Deputy Attorney General's Office

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Delaware Psychiatric Center
Forensic Unit
(Jane E. Mitchell Building)

Forensic Psychiatric Evaluation

Examinee:	Jimmy Lewis	ID #: 0305016966
Date of Birth:	25 December 1966 (Current Age: 38)	
Examiner:	Sylvia Foster, M.D.	
Period of Evaluation:	21 May 2004 - present	
Date of Report:	10 June 2004	

REASON FOR EVALUATION:

Mr. Lewis was referred to The Delaware Psychiatric Center (DPC) for forensic psychiatric evaluation by *Motion and Order* of the Honorable Charles H. Toliver, In the Superior Court of the State of Delaware, In and For New Castle County, on 1 December 2003, to determine his competency to stand trial and to obtain treatment for his own well-being.

NOTIFICATION:

Upon admission to the Forensic Unit, Mr. Lewis was informed that he was being evaluated by Court Order, and that the results of all evaluations performed during this admission would not remain confidential, but would be disseminated to the Court, the prosecution, and his attorney.

EXAMINER:

Medical Doctor specializing in Psychiatry with Board Certification, sub-specializing in Forensic Psychiatry

LIST OF CHARGES:

Carjacking 2nd Degree
Theft $1000 or greater
Resisting Arrest

SOURCES OF INFORMATION:

Face-to-face interview with Mr. Lewis on 21 May 2004 and various times thereafter on the Forensic Unit at DPC
Superior Court Criminal Docket

Seven page statement by Mr. Lewis regarding his social and legal history and his account of the crime, undated
Medical Records, Delaware Psychiatric Center, 21 May 2004 – present
Medical Records, First Correctional Medical (FCM), 5 March 2003 – 31 March 2004
Case Charge List
Complaint and Warrant
Exhibit A & B
Charge History Record
Letter from Donald Napolin, LSCW, to The Honorable Charles H. Toliver, 5 May 2004

CURRENT MEDICATIONS:

Seroquel 50 mg twice daily for anger management and impulse control
Atenolol 25 mg daily for hypertension

BACKGROUND INFORMATION:

Mr. Lewis was a 38-year-old African American male who presented to the Mitchell Building based on an evaluation by Dr. Joshi, a prison psychiatrist. Dr. Joshi described Mr. Lewis on 27 May 2003 as "psychotic and delusional, a danger to self and others, refusing to take medication." He had assaulted a Correctional Officer, and was transferred to the infirmary. Mr. Lewis was described as saying, "I can't distinguish between right and wrong. I am hearing voices telling me to hurt myself and I'm seeing shadows."

Mr. Lewis had been incarcerated on 17 November 2003 and convicted of Carjacking, Theft and Resisting Arrest. According to the police report, Mr. Lewis was picked up by a male driver who was out looking for a male companion for the evening. Mr. Lewis allegedly attempted to rob the driver, at which point the driver jumped out of the vehicle in fear, and Mr. Lewis drove off with the car. He allegedly resisted arrest when caught, and was identified by the driver as the person who stole his car.

According to FCM records, Mr. Lewis was "flirtatious" at times, and had to be redirected for asking personal questions of the mental health examiner. She confronted his "narcissism and attention-seeking behaviors," and questioned the diagnosis of Schizophrenia that had been given him by the physician. Mr. Lewis refused all medication, requesting only Xanax and Valium (highly addictive drugs of the Benzodiazepine family). He asked for art materials, and pornography, stating that these items would be very helpful. He presented with, "broad mood and good eye contact, with no suicidal, homicidal ideation and no auditory or visual hallucinations." He was frequently argumentative and loud. He was observed wearing "paper horns," saying, that they made him feel more comfortable. "It helps me deal with whatever I'm going through. The horns are like a mask. If I deal with these things within me, I'll be a better person, being unjustly accused." He was also described as calm and controlled. He spoke of hearing voices but stated, "I don't know whether it's voices or just my

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thoughts." Mr. Lewis stated later that he wore the paper horns and the cat's eye contact lenses for the "scare" factor.

Not much is known about Mr. Lewis' legal history as he is from out of state. However, he said that he had been in prison for six or seven years in New Jersey, from about 1993 to 2000. He added that he had been sentenced to six years for Robbery, "I pick-pocketed somebody," but his jail time had been prolonged for fighting.

Mr. Lewis had no psychiatric history. He saw a counselor as a child in New Jersey where he grew up. At first he said he didn't remember why, but shortly thereafter remembered that it was because his mother had become involved in a Lesbian relationship. "I didn't approve of it and I voiced my opinion to her, and I started misbehaving. I didn't like the lady and I didn't like the idea of the relationship." He went on to explain, "I might have accepted it if it had been presented to me differently, but I saw this lady actually twist my mother's arm to tell me about the [Lesbian nature of the] relationship. I had thought they were just close friends." Mr. Lewis' mother told the team social worker that he had been attention-seeking as a youth, and that he felt no one ever paid enough attention to him. She said he always felt that whatever someone was doing, they should stop, and attend to his needs. He blamed his mother for his current problems due to her homosexual affair. His parents had separated when Mr. Lewis was two years old, at which time Mr. Lewis' father had gone to live in North Carolina.

Mr. Lewis stated that he had been employed in construction and as a porter. "Whatever job was open, I was doing it." However, he added, "I've been fired more than ten times." The longest job he ever held was three months. "I would always argue, or go in late, and I'd get fired." He admitted to selling drugs off and on. "That's what I had to do to have money. Then I got to selling bootleg CD's and DVD's."

Mr. Lewis dropped out of the tenth grade, but later obtained a GED. He changed that idea later, and said that he had a high school diploma. His mother maintained that he actually had a GED. He said, "She thought wrong." He attended the American Business Institute, but did not stay long, ending up owing them money. He related that he had been attending commercial drivers' school to drive eighteen-wheelers just prior to his incarceration. "It was going to be my first job; Poland Springs was going to hire me."

Mr. Lewis stated that he been shot by a police officer ten years ago, with gunshot wounds to the left hip and left arm. He had history of hypertension for which he was being medicated, and history of kidney infection. He had no other significant medical or surgical history.

Mr. Lewis had never married, stating, "Every time I get into a relationship, we always argue." He was with one girlfriend off and on for eight years.

Mr. Lewis reported that he began drinking alcohol in his teens, with his last use just prior [illegible] He had history of blackouts, but did not elaborate. He denied heavy

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use. He also admitted to smoking marijuana sixteen years ago, but denied all other illicit drug use. It was considered probable that he was minimizing his addiction issues

HOSPITAL COURSE:

Mr. Lewis became verbally unresponsive, selectively mute, and categorically refused to answer any questions on the day of admission. He also refused the initial physical examination. Later the same day, Mr. Lewis was observed interacting in a normal manner on the unit. Several days later, the initial examinations were completed without problem. He eventually explained that he had not felt like speaking on the first day.

Mr. Lewis' hospital course has been complicated by his aggressive, assaultive behavior. He was overheard making physical threats, observed taunting and laughing at his peers, taking pleasure in embarrassing them, and was . He complained of hearing voices sporadically but displayed no evidence of preoccupation with internal stimuli when he believed he was not being observed.

The team psychologist described Mr. Lewis in the following manner in the anger management group: arrogant, disruptive and instigating. While the other older patients tried to have a calming influence, Mr. Lewis displayed no sense of boundaries or respect for authority. She added that there was nothing odd or bizarre about his behavior that would suggest a psychotic disorder. Other therapists noted that he was disruptive in the group setting, talking out of turn, and making obscene comments while watching educational videos. When evaluated by the team, he made it clear that he would rather be at DPC rather than in jail in order to "get some help." When asked what help he needed, or what we could do for him, he answered he didn't know.

One staff member stated that she found Mr. Lewis to be engaging, intelligent and articulate, but noted his sense of entitlement, and his demand that things be done his way. Mr. Lewis stated that he needs to do "outlandish things" to get attention, such as wearing paper horns and wearing his cat's eye lenses. It was explained to him that he would not be allowed to wear his paper horns at any time while at DPC, after he placed them on his head at one point. He understood, and did not attempt to wear them again. He was noted to attempt to intimidate one female therapist by facing her in the hallway and stating, "I just want to get my point across that whatever you said about me in team meeting was wrong and derogatory."

On 6/7/04, a special meeting with Mr. Lewis was called to address his grossly inappropriate behavior on the unit the night before. He was angered by not receiving a certain salad at dinner to which he believed he was entitled, and assaulted a peer and a staff member, escalating to the point where he was difficult to redirect. In summary, he was noted to be disruptive in the group setting, to taunt his peers, to intimidate and flirt with therapists, and to make obscene comments. There were reports to the contrary by other staff members who reported that Mr. Lewis was cooperative and helpful in the milieu, tending to get loud and demanding at times when he felt his needs were not being met in a timely fashion.

Initially, Mr. Lewis was prescribed no psychotropic medication, as there was no evidence of a mood disorder, and no evidence of psychosis. However, Seroquel was begun after it became evident that Mr. Lewis had difficulty managing his anger, and controlling his impulses.

CURRENT MENTAL STATUS EXAM:

Mr. Lewis presented with shaved head, and was appropriately dressed. He was cooperative, and able to sit quietly for the examination with no abnormal motor activity. His speech was normal in rate, tone and volume, and there was no evidence of loud, pressured speech. He stated that his mood was "sensitive, and easily irritated." His affect was full range. His thought processes, assessed by the verbalizations of his thoughts and feelings, were goal directed; there was no evidence of loosening of associations or tangentiality. His thought content displayed no delusions. He was not thinking about suicide, although he maintained that he had been thinking about it. "But I don't really want to do it." He was not thinking about hurting others, and stated, "I'm not on the defensive unless there's a reason." He denied obsessions, compulsions, racing thoughts, paranoia, delusions, special powers, hyper-religiosity, and grandiosity. His cognitive functions were intact grossly. His insight and judgment were considered intact.

COMPETENCY ASSESSMENT:

Mr. Lewis was presented the questions to the McGarry Criteria as cited in State of Delaware v. Joseph A. Shields, 593 A.2nd, 986 (Del. Super. 1990), p. 1000. Based upon the present examination, Mr. Lewis demonstrated that he does have sufficient present capacity to consult with an attorney with a reasonable degree of rational understanding of court procedures. He is fully able to understand the nature of the proceedings against him, to give evidence in his own defense and to instruct counsel on his behalf.

It should be noted that Mr. Lewis handed out a highly articulate, well-written explanation of his actions on the day of the alleged crime. It reveals a high level of education and intelligence, and highlights his excellent ability to give evidence in his own defense and to instruct counsel on his behalf.

DIAGNOSIS:[1]

Axis I:	Malingering; Alcohol Abuse; History of Conduct Disorder
Axis II:	Antisocial Personality Disorder
Axis III:	Hypertension
Axis IV:	Psychosocial and Environmental Problems: Incarceration
Axis V:	Global Assessment of Functioning (GAF) Scale (1 – 100): 50 Serious impairment in social and occupational functioning

[1] American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision. Washington, DC, American Psychiatric Association, 2000.

OPINION:

The opinions expressed in this report are held with a reasonable degree of medical certainty, and are based upon the direct examination of Mr. Lewis, the observations reported by staff and therapists on the Forensic Unit, and the previous reports and records available for review. These opinions are subject to change if additional information or records become available.

Assessment:

The essential feature of Malingering is the intentional production of false or grossly exaggerated physical or psychological symptoms, motivated by external incentives such as getting out of prison into a psychiatric unit. Malingering should be strongly suspected ~~in the presence~~ of Antisocial Personality Disorder.

Mr. Lewis demonstrated no evidence of a mood disorder or psychosis during his admission to DPC, and it is not likely that he ever had Schizophrenia or any other chronic psychotic disorder.

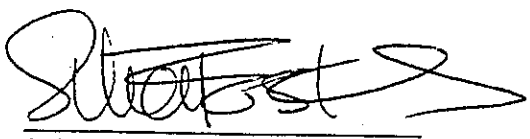
SUMMARY OF OPINIONS AND RECOMMENDATIONS:

1. Mr. Lewis is psychiatrically stable and can be returned to prison.

2. It is my opinion that Mr. Lewis is competent to stand trial.

3. It is my opinion that, as in the case of many people with Antisocial Personality Disorder, Mr. Lewis may need to remain on his medication to help with anger management and impulse control

4. Any threats made by Mr. Lewis to harm himself or others should be taken seriously as he is highly manipulative and will stop at little to obtain his goals.



Sylvia Foster, M.D.
Forensic Psychiatrist

Department of Health and Human Services
Division of Alcoholism, Drug Abuse and Mental Health

Delaware Psychiatric Center

Department of Psychology

TP-3 - PSYCHOLOGICAL ASSESSMENT

✧✧✧ **CONFIDENTIAL** ✧✧✧

PATIENT NAME: Jimmy Lewis
EDUCATION: High School Diploma
OCCUPATION: Currently Unemployed; Most Recent: "Sanitation Porter"
MARITAL STATUS: Single
AGE: 37
GENDER: Male
DATE: May 24, 2004
INTERVIEWED BY: Annabel Lee Fields, MA

Kathryn Sheneman, Psy.D.
Staff Psychologist

Annabel Lee Fields, M.A.
Psychology Intern

REASON FOR HOSPITALIZATION:

Mr. Lewis was transferred to the Delaware Psychiatric Center (DPC) on 05/21/04 for determination of his adjudicative competency and to receive treatment for his own well-being. His current diagnosis is Alcohol Abuse. He has been charged with Carjacking Second Degree, Theft $1000 or Greater, and Resisting Arrest.

PSYCHOLOGICAL AND MENTAL STATUS:

Attention, Orientation, and Memory

Mr. Lewis attended this interview without needing to be escorted by staff. He presents as a well-built dark-skinned male with African American features who appears younger than his stated age. His dress was neat and clean, and his hygiene appeared good – his head is clean-shaven. He was cooperative throughout the 70-minute interview. He was able to focus for the most part, although he strayed from the topic occasionally and gave more information than was asked of him. He was not sure of the name of the

facility in which the interview was conducted, but he knew it was a hospital. He knew the day of the week and the year, but not the month or date. His immediate and long-term memories appear to be intact. However, he stated that he felt that he had difficulty with his short-term memory and this was evident during the interview – he could only recall one out of three novel words after five minutes, and would repeat information he had already given (he seemed unaware that he was repeating himself).

Affect, Thought Processes

Mr. Lewis's stated mood was "confused…a little agitated." He explained that his roommate had masturbated in front of him the previous night, and that he was still feeling somewhat upset about that incident. He displayed a full range of affect, which was appropriate to the content at all times. The speed and volume of his speech were all appropriate to the situation. He rambled at times and gave more information than was asked of him. His judgment and insight appear limited at this time. His intellectual functioning seems to be average.

For the most part, Mr. Lewis's speech and thought content appeared to be logical. He expressed some strange ideas and thoughts, however. He said that he sometimes wears horns on his head because "only the devil should have to go through this," and that it makes him feel better (although he was not able to explain what it made him feel better about). He has put horns on his head since his admission to DPC. He stated that he also did this on the street, and that he "even got cat's eye contacts" to wear. While talking about this, he made a reference to "flames of enlightenment" but did not explain what that meant. He also said that he was with two guards at one time whose names were "Godwin" and "Santana." He explained that these names reminded him of "God" and "Satan," and he said that he believed there was a struggle between good and evil because these guards were with him.

Mr. Lewis reported that he has experienced auditory hallucinations in the past. He said that he hears a single male voice that he does not recognize. He hears the voice say his name, and it "commands me to do stuff" such as to yell or to hit people. Although he stated that he is able to refrain from doing what the voice tells him to do, he also admitted that he has acted on the commands in the past. He also reported that he hears music and "like footsteps in the hall but no one's there." He said that he experiences visual hallucinations that "freak me out sometimes." He stated that he sees shadows "peeking in" on him, but they are always far enough away that he needs to get up to see if anything is really there.

Mr. Lewis expressed some paranoid ideation during the interview. He said that, when he sees people whispering, he often thinks they are talking about him. He also said that he used to hear sirens in his neighborhood, and that this would trigger thoughts that people were after him. At first, he thought the police were involved, and then he gradually thought other people, including his mother, could be involved. He reported that he had (and still has) no idea why people may have been after him. He also said that he was shot by a police officer in 1989, and that he thinks that this may have led to the belief that people were after him. He does not believe that there is anyone after him at this time.

Relationships, Family Involvement

Mr. Lewis reported that his parents separated when he was two years old but never formally divorced. He lived with his mother after the separation, but visited with his father frequently until he was 12 or 13 years old. They lost contact at that time. He moved out of his mother's house in 10th grade and got an apartment with his girlfriend. When they broke up, he went to live with his father for approximately 9 months. His biological parents had another son who died of an asthma attack in 1987. Although his parents are not legally divorced, his father is in a relationship with another woman. He has one half brother from that relationship, as well as three stepbrothers and one stepsister.

Mr. Lewis seemed unsure of whether there is a history of psychiatric illness in his family. He stated that one of his maternal aunts has some bizarre behaviors, and that he has a paternal aunt who he thinks is "mentally ill." He stated that his father is a recovering alcoholic, and that several of his maternal aunts and uncles have problems with alcohol and drugs. He has phone contact with his mother fairly regularly. He says that his father does not use a telephone, but that they have written letters to each other on occasion.

Work History

Mr. Lewis stated that his most recent job was as a "sanitation porter," and that the job he had the longest (3 months) was preparing cars for new owners at a car dealership. He stated that he has been fired more than ten times. He also stated that has been trained as a carpenter, brick mason, and long-distance trucker.

Substance Abuse Issues

Mr. Lewis reported that he began using alcohol and marijuana when he was a teenager (he was unable to be more specific). He used marijuana two or three times per week, but only used it for two years. He drinks two or three times per week – usually on the weekends. He stated that he plans to continue drinking occasionally when he is released from custody.

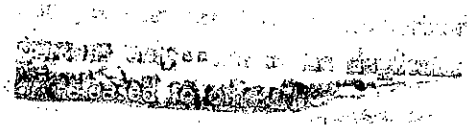
Medical Conditions

Mr. Lewis has been told that he has hypertension and was treated with medication. Later he was told that he does not have hypertension, but the medication was continued in any event. He also suffers from athlete's foot and irritable bowel syndrome.

Attitude Towards Hospitalization, Future Plans, and Goals

When asked how he feels about being at DPC, Mr. Lewis stated, "really uncertain about that right now." When asked how he feels about his treatment thus far, he stated, "fair." He chose not to elaborate.

Mr. Lewis stated that his long-term goal is to "put the issues that keep me from obtaining stable employment so that I can get a stable start." His immediate goal is to "do research" for a book about the history and experiences of black people. He says that he has already titled it: "From the Pyramids, to the Plantations, to the Projects, to the Penitentiary, and Now to the Promised Land."



DURING THE PAST 12 MONTHS, HAS PATIENT DEMONSTRATED EITHER SUICIDAL OR ASSAULTIVE BEHAVIOR? DESCRIBE:

Mr. Lewis denies any present suicidal or homicidal ideation. He reported that he slit his wrists in 2001 due to depression and "a lot of hopelessness." This was his only suicide attempt. He said that he has never been charged with assault. However, he admits to being in three fights while in prison because he was "attacked" by others.

STRENGTHS AND WEAKNESSES AS THEY RELATE TO TREATMENT:

STRENGTHS:

- Mr. Lewis is very articulate.
- Mr. Lewis is a high school graduate.
- Mr. Lewis has been trained as a carpenter, brick mason, and long-distance trucker.
- Mr. Lewis expresses an interest in receiving help for his symptoms.

WEAKNESSES:

- Mr. Lewis has legal charges pending against him.
- Mr. Lewis has a poor work history – he has been fired at least ten times, and the longest job he had lasted only 3 months.
- Mr. Lewis seems to have poor impulse control when he feels that he is being "attacked."

RECOMMENDATIONS:

Mr. Lewis should meet with a member of the psychology staff on at least a bi-weekly basis to discuss important issues. He should attend any groups that may be offered that address the things he is working on.

Offender Status Sheet

Date: 05/27/20

SBI #: 0178588 Name: JIMMY LEWIS

Location(s): MPCJF Level(s): 0 Race: BLACK DOB: 12/25/1965

Offender Type: Detentioner Officer(s):

Detentioner Charge Information

Start Date	CASE#	CRN#	Description	Active	Court	Judge	Amount
05/28/2003	0305016968	0305016956	Carjacking Second Degree Take Possession o	Y	U4		$10,000
05/28/2003	0305016966	0305016966	Theft $1000 or Greater (Deprive Person)	Y	U4		$1,000
06/28/2003	0305016968	0305016966	Resisting Arrest	Y	U4		$1,000

CONFIDENTIAL INFORMATION
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Delaware Psychiatric Center
Master Treatment Plan

for

Jimmy Lewis
prepared June 3, 2004

by

Sylvia Foster, M.D. & Mitchell Treatment Team

Patient Data

Patient ID:	46443	**Birthdate:**	12/25/1966	**Patient Status:**	Active
Address:	4 Edwin Place	**Age:**	37	**Previously Treated?:**	Yes
		Gender:	Male	**Department:**	Mitchell
City:	Newark	**Race:**	African American	**Setting:**	In-patient
State:	NJ	**Marital Status:**	Single	**Pri. Care Physician:**	Dr. Sheth, M.D.
Zip:	07112	**Admission Date:**	5/21/2004	**Psychiatrist:**	Sylvia Foster, M.D.
Home Phone:	973-481-5028	**Referral Source:**	Court		
SSN:	148-64-1309				

Patient Strengths: Mr. Lewis is very articulate, he is a high school graduate, he has been trained as a carpenter, brick mason, and long-distance trucker, and he expresses an interest in receiving help for his symptoms.

Presenting Problems

Primary Problem: Legal Conflicts

Secondary Problem(s): Polysubstance ~~Dependence~~ Abuse/Dependence
Possible Psychotic/Mood Disturbance

Mental Status Description

Presentation

Appearance:	Well-Groomed
Mood:	"Confused" & "Agitated"
Attitude:	Cooperative
Affect:	Appropriate
Speech:	Too Detailed at times
Motor Activity:	Relaxed and Calm
Orientation:	Fully Oriented

Higher Order Abilities

Judgment:	Moderately Impaired
Insight:	Limited
Intelligence:	Average

Thought Form/Content

Thought Process:	Logical and Organized.
Delusions:	Persecutory.
Hallucinations:	Auditory, Visual.

Risk Assessment

Suicide Risk: Slight
Details: Mr. Lewis denies any present suicidal ideation. He reported that he slit his wrists in 2001 due to depression and "a lot of hopelessness." This was his only suicide attempt.

Violence Risk: Slight
Details: Mr. Lewis denies any present homicidal ideation. He said that he has never been charged with assault. However, he admits to being in three fights while in prison because he was "attacked" by others.

Diagnosis (DSM-IV)

Axis I: 305.00 Alcohol Abuse
Axis II: 799.9 Diagnosis Deferred
Axis III: Hypertension
Axis IV: Legal Conflicts
- **Stress Severity Rating:** 3 (Moderate)

Axis V: **Current Functioning:** 11-20

Treatment Plan

A. Primary Problem: Legal Conflicts

Behavioral Definitions

- Mr. Lewis has legal charges pending -- Carjacking Second Degree, Theft $1000 or Greater, and Resisting Arrest.
- Mr. Lewis was transferred to DPC for determination of his adjudicative competency.

Long Term Goals

- Mr. Lewis will accept responsibility for decisions and actions that have led to arrests, and wil,l develop higher moral and ethical standards to govern his behavior.
- Mr. Lewis will internalize the need for treatment so as to change values, thoughts, feelings, and behavior to a more pro-social position.
- Mr. Lewis will understand the roles of various courtroom personnel.
- Mr. Lewis will understand the preceedings against him.
- Mr. Lewis will be able to assist counsel in his own defense or testify on his own behalf, should he choose to do so.

Short Term Objectives

- Mr. Lewis will verbalize and accept responsibility for the decisions and actions that led to his illegal activity
  - **Plan Date:** 6/2/2004 **Target Date:** 7/2/2004
- Mr. Lewis will state values that affirm behavior that is within the boundaries of the law
  - **Plan Date:** 6/2/2004 **Target Date:** 7/2/2004
- Mr. Lewis will demonstrate an understanding of the roles of the various courtroom personnel
  - **Plan Date:** 6/2/2004 **Target Date:** 7/2/2004
- Mr. Lewis will demonstrate an understanding of the charges against him
  - **Plan Date:** 6/2/2004 **Target Date:** 7/2/2004
- Mr. Lewis will verbalize a willingness to cooperate with his attorney
  - **Plan Date:** 6/2/2004 **Target Date:** 7/2/2004

Therapeutic Intervention

- Client will be referred to Competency Training Group.
  Plan Date: 6/2/2004 **Provider:** Kathryn Sheneman or designee, JD, Psy.D.
- Competency abilities will be assessed and a report submitted to court.
  Plan Date: 6/2/2004 **Provider:** Sylvia Foster, M.D.
- Restructure cognition to encourage the keeping of legal boundaries and respect for the rights of others.
  Plan Date: 6/2/2004 **Provider:** Kathryn Sheneman or designee, JD, Psy.D.
- Assist Mr. Lewis in clarification of values that allow illegal actions.
  Plan Date: 6/2/2004 **Provider:** Curtis Cornish, R.N.
- Discuss values associated with respecting legal boundaries and the rights of others as well as the consequences of crossing these boundaries.
  Plan Date: 6/2/2004 **Provider:** Curtis Cornish, R.N.
- Probe negative emotional states that could contribute to illegal behavior.
  Plan Date: 6/2/2004 **Provider:** Kathryn Sheneman or designee, JD, Psy.D.
- Explore causes for underlying negative emotions that consciously or unconsciously foster criminal behavior.
  Plan Date: 6/2/2004 **Provider:** Kathryn Sheneman or designee, JD, Psy.D.

B. Secondary Problem(s)

Polysubstance Dependence

Behavioral Definitions

- ~~Mr. Lewis has limited physical activity~~.
- Mr. Lewis has limited leisure awareness.
- Mr. Lewis has a history of using alcohol until intoxicated or passed out.
- Mr. Lewis has experienced blackouts when using alcohol..

Long Term Goals

- ~~Mr. Lewis will establish a healthy exercise routine.~~
- Mr. Lewis will expand his knowledge of leisure opportunities by being involved in watching travel documentaries, chess, and walking for fitness.
- Mr. Lewis will acquire the necessary skills to maintain long term sobriety from all mood altering substances and live a life free of chemicals.
- Mr. Lewis will understand how recovery from alcohol abuse can help create a healtier lifestyle, both physically and emotionally.

Short Term Objectives

- Mr. Lewis will report: 1) reduced stress, 2) enjoyment towards leisure participation, and 3) increased positive thinking
  * **Plan Date:** 6/2/2004 **Target Date:** 7/2/2004
- Mr. Lewis will state increased energy level and self-esteem
  * **Plan Date:** 6/2/2004 **Target Date:** 7/2/2004
- Mr. Lewis will identify at least two (2) potential relapse triggers, and will develop strategies for constructively dealing with each trigger
  * **Plan Date:** 6/2/2004 **Target Date:** 7/2/2004
- Mr. Lewis will identify at least two (2) ways being sober could positively impact his life
  * **Plan Date:** 6/2/2004 **Target Date:** 7/2/2004

Therapeutic Interventions

- Mr. Lewis will attend and participate in Leisure Education one (1) time per week for 45 minutes.
  Plan Date: 6/2/2004 **Provider:** Sejal Jethwa, BA
- ~~Mr. Lewis will attend and participate in Weight Room two (2) times per week for 45 minutes.~~
  Plan Date: 6/2/2004 **Provider:** ~~Sejal Jethwa, BA~~
- Mr. Lewis will attend and participate in Recovery Skills Group.
  Plan Date: 6/2/2004 **Provider:** Dianne Stachowski, M.S.N.

- Mr. Lewis will mak d process a list of how being sober could pos. y impact his life.
  Plan Date: 6/2/2004 **Provider:** Dianne Stachowski, M.S.N.
- Help Mr. Lewis to develop an awareness of at least two (2) relapse triggers and alternative ways of effectively handling them.
  Plan Date: 6/2/2004 **Provider:** Dianne Stachowski, M.S.N.

Possible Psychotic/Mood Disturbance

Behavioral Definitions

- Mr. Lewis has reported that he has experienced feelings of depression and suicidal ideation.
- Mr. Lewis has reported that he has experienced paranoid delusions, as well as both auditory and visual hallucinations.

Long Term Goals

- Clarification of diagnosis
- Mr. Lewis will report an alleviation of his depressed mood, and will report no instances of suicidal ideation.
- Mr. Lewis will report no instances of hallucinations or delusions.
- Mr. Lewis will report no instances of acting on command hallucinations.

Short Term Objectives

- Mr. Lewis will be able to report zero (0) hallucinations or delusions
  * **Plan Date:** 6/2/2004 **Target Date:** 7/2/2004
- Mr. Lewis will verbally identify the source of his depressed mood, if possible
  * **Plan Date:** 6/2/2004 **Target Date:** 7/2/2004
- Mr. Lewis will be able to verbalize at least two (2) hopeful and positive statements regarding the future
  * **Plan Date:** 6/2/2004 **Target Date:** 7/2/2004
- Mr. Lewis will be able to identify at least two (2) positive self talk statements that can help diminish his feelings of depression and suicidal ideation
  * **Plan Date:** 6/2/2004 **Target Date:** 7/2/2004

Therapeutic Interventions

- Ask Mr. Lewis to make a list of what he is depressed about and process list with therapist.

Plan Date: 6/2/2004 **Provider:** Kathryn Sneeman or designee, JD, Psy.D.

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Drugs and Medicines

Brand name:

Seroquel

Pronounced: SER-oh-kwell
Generic name: Quetiapine fumarate

Why is this drug prescribed?

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Seroquel combats the symptoms of schizophrenia, a mental disorder marked by delusions, hallucinations, disrupted thinking, and loss of contact with reality. It is the first in a new class of antipsychotic medications. Researchers believe that it works by diminishing the action of dopamine and serotonin, two of the brain's chief chemical messengers.

Most important fact about this drug

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Seroquel may cause tardive dyskinesia--a condition characterized by uncontrollable muscle spasms and twitches in the face and body. This problem can be permanent, and appears to be most common among older adults, especially women.

How should you take this medication?

Return to top

Your doctor will increase your dose gradually until the drug takes effect. If you stop Seroquel for more than 1 week, you'll need to build up to your ideal dosage once again.

--If you miss a dose...

Take it as soon as you remember. If it is almost time for the next dose, skip the one you missed and go back to your regular schedule. Do not take 2 doses at once.

--Storage instructions...

HEALTH INFORMATION CENTER

AIDS / HIV
Allergies
Anxiety
Arthritis
Asthma
Anxiety

Breast Cancer
Cardiac Disease
Cancer
Depression
Diabetes
Digestive Problems
Headaches
High Blood Pressure
High Cholesterol
Infections
Kidney Disease
Liver Disease
Migraines
Respiratory Problems
Sexually Transmitted Diseases
Urological Conditions

Store at room temperature.

What side effects may occur?

Return to top

Side effects cannot be anticipated. If any develop or change in intensity, inform your doctor as soon as possible. Only your doctor can determine if it is safe for you to continue taking Seroquel.

- *More common side effects may include:*
  Abdominal pain, constipation, diminished movement, dizziness, drowsiness, dry mouth, excessive muscle tone, headache, indigestion, low blood pressure, nasal inflammation, neck rigidity, rapid heartbeat, rash, tremor, uncontrollable movements, weakness

- *Less common side effects may include:*
  Back pain, cough, difficulty breathing, difficulty speaking, ear pain, fever, flu, loss of appetite, palpitations, sore throat, sweating, swelling, weight gain

- *Rare side effects may include:*
  Abnormal dreams, abnormal ejaculation, abnormal vision, abnormal gait, abnormal thinking, acne, alcohol intolerance, amnesia, arthritis, asthma, bleeding gums, bone pain, bruising, chills, confusion, conjunctivitis (pinkeye), dehydration, delusions, diabetes, difficulty swallowing, dry eyes, ear ringing, eczema, eye pain, face swelling, fungal infection, gas, gum inflammation, hallucinations, heavy menstruation, hemorrhoids, impotence, increased appetite, increased sex drive, increased salivation, irregular pulse, itching, jerky or irregular movement, joint pain, lack of emotion, lack of coordination, leg cramps, loss of menstruation, low blood sugar, manic reaction, migraine, mouth sores, muscle weakness, neck pain, nosebleeds, painful menstruation, painful urination, paralysis, paranoia, pelvic pain, pneumonia, rash, rectal bleeding, seborrhea, sensitivity to light, skin inflammation or ulcer, slow heart rate, stomach and intestinal inflammation, stupor, swollen testicles, taste disturbances, teeth grinding, thirst, tongue swelling, twitching, uncontrollable bowel movements, underactive thyroid, urinary frequency or incontinence, urinary retention, urinary tract infection, vaginal bleeding, vaginal inflammation, vaginal yeast infection, vertigo, weight loss

Why should this drug not be prescribed?

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If Seroquel gives you an allergic reaction, you will not be able to use this drug.

Special warnings about this medication

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If you develop muscle stiffness, confusion, irregular or rapid heartbeat, excessive sweating, and high fever call your doctor immediately. These are signs of a serious--and potentially fatal--reaction to the drug. Be especially wary if you have a history of heart attack, heart disease, heart failure, circulation problems, or irregular heartbeat.

Particularly during the first few days of therapy, Seroquel can cause low blood pressure, with accompanying dizziness, fainting, and rapid heartbeat. To minimize these effects, your doctor will increase your dose gradually. If you are prone to low blood pressure, take blood pressure medication, or become dehydrated, use Seroquel with caution.

Seroquel also tends to cause drowsiness, especially at the start of therapy, and can impair your judgment, thinking, and motor skills. Until you are certain of the drug's

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- Aciphex Side Effects
- Actonel Side Effects
- Actos Side Effects
- Advair Side Effects
- Agrylin Side Effects
- Altace Side Effects
- Aricept Side Effects
- Arimidex Side Effects
- Avalide Side Effects
- Avandia Side Effects
- Bextra Side Effects
- Biaxin Side Effects
- Calan Side Effects
- Casodex Side Effects
- Celebrex Side Effects
- Celexa Side Effects
- Clarinex Side Effects
- Claritin Side Effects
- Coreg Side Effects
- Cozaar Side Effects
- Crestor Side Effects
- Depakote Side Effects
- Detrol Side Effects
- Diovan Side Effects
- Ditropan Side Effects
- Effexor Side Effects
- Evista Side Effects
- Femara Side Effects
- Flomax Side Effects
- Fosamax Side Effects
- Hyzaar Side Effects
- Inderal Side Effects
- Lamisil Side Effects
- Lipitor Side Effects
- Lotensin Side Effects
- Lupron Side Effects
- Metformin Side

Effexor

Primary Drug Name: *Effexor*

Why is this Effexor medication prescribed?

Effexor/Venlafaxine, an antidepressant (mood elevator), is used to treat depression.

This Effexor medication is sometimes prescribed for other uses; ask yo doctor or Effexor pharmacist for more Effexor information.

How should this Effexor medicine be used?

Effexor/Venlafaxine comes as a tablet to take by mouth. Effexor is usua taken two or three times a day and should be taken with food. Follow th Effexor directions on your Effexor prescription label carefully, and ask y doctor or Effexor pharmacist to explain any part you do not understand. Take Effexor/venlafaxine exactly as directed. Do not take more or less Effexor or take Effexor more often than prescribed by your doctor.

Continue to take Effexor/venlafaxine even if you feel well. Do not stop taking Effexor/venlafaxine without talking to your doctor, especially if yo have taken large Effexor doses for a long time. Your doctor probably wi want to decrease your Effexor dose gradually. This Effexor drug must b taken regularly for a few weeks before Effexor's full effect is felt.

What special Effexor precautions should I follow?

Before taking Effexor/venlafaxine,

- tell your doctor and pharmacist if you are allergic to Effexor/venlafaxine or any other drugs.
- Tell your doctor and pharmacist what other prescription and nonprescription drugs you are taking, especially anticoagulants

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Effexor Effects
- Mevacor Side Effects
- Monopril Side Effects
- Neurontin Side Effects
- Nexium Side Effects
- Nolvadex Side Effects
- Norvasc Side Effects
- Paxil Side Effects
- Plavix Side Effects
- Pravachol Side Effects
- Premarin Side Effects
- Prevacid Side Effects
- Prilosec Side Effects
- Prinivil Side Effects
- Procardia Side Effects
- Proscar Side Effects
- Protonix Side Effects
- Prozac Side Effects
- Sinemet Side Effects
- Singulair Side Effects
- Soriatane Side Effects
- Synthroid Side Effects
- Tamoxifen Side Effects
- Tenormin Side Effects
- Tiazac Side Effects
- Topamax Side Effects
- Toprol Side Effects
- Tricor Side Effects
- Vioxx Side Effects
- Wellbutrin Side Effects
- Xeloda Side Effects
- Zocor Side Effects
- Zoloft Side Effects
- Zyprexa Side Effects

[warfarin (Coumadin)]; cimetidine (Tagamet); indinavir (Crixivan); lithium (Eskalith, Lithobid), medication for high blood pressure; muscle relaxants; sedatives; sleeping pills; tranquilizers; and vitar

- tell your doctor if you have or have ever had difficulty urinating, elevated intraocular pressure, or liver, kidney, or heart disease.
- tell your doctor if you are pregnant, plan to become pregnant, or a breast-feeding. If you become pregnant while taking Effexor/venlafaxine, call your doctor immediately.
- if you are having surgery, including dental surgery, tell the doctor dentist that you are taking Effexor/venlafaxine.
- you should know that this Effexor drug may make you drowsy. Do drive a car or operate machinery until you know how this Effexor affects you.
- remember that alcohol can add to the drowsiness caused by this Effexor drug.

Effexor Side Effects

Side effects from Effexor/venlafaxine are common:

- upset stomach
- drowsiness
- weakness or tiredness
- excitement or anxiety
- insomnia
- nightmares
- dry mouth
- skin more sensitive to sunlight than usual
- changes in appetite or weight
- headache

Tell your doctor if any of these Effexor symptoms are severe or do not away:

- constipation
- difficulty urinating
- frequent urination
- blurred vision
- changes in sex drive or ability
- excessive sweating

If you experience any of the following Effexor symptoms, call your doct immediately:

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- Buy Cheap Ultram (Tramadol) Online
- Diabetes
- SEO / SEM
- Art
- Canada Drugs
- Canadian Pharmacy
- eDrugNet Online Pharmacy/Drugstore

- jaw, neck, and back muscle spasms
- slow or difficult speech
- shuffling walk
- persistent fine tremor or inability to sit still
- fever
- difficulty breathing or swallowing
- severe skin rash
- yellowing of the skin or eyes
- irregular heartbeat

Important Effexor Information

Before starting EFFEXOR XR (venlafaxine HCl) Capsules, tell your doc about any medicines you're taking, including over-the-counter drugs an herbal supplements. People taking MAO inhibitors should not take EFFEXOR XR. Pregnant or nursing women shouldn't take any antidepressant without consulting their doctor. Side effects with EFFEX XR may include anorexia, constipation, dizziness, dry mouth, ejaculatio problems, impotence, insomnia, nausea, nervousness, sleepiness, sweating, and weakness. EFFEXOR XR may raise blood pressure in sc patients, so blood pressure should be monitored regularly. EFFEXOR X may impair judgment, thinking, or motor skills; patients should exercise caution until they have adapted to therapy. When people suddenly stop using or quickly lower their daily dose of EFFEXOR XR, discontinuatior symptoms may occur. Talk to your doctor before discontinuing or reduc your dose of EFFEXOR XR. Ask your doctor if EFFEXOR XR is right fo you. Ask your doctor for additional information about EFFEXOR XR.

What about weight gain or jitteriness?

In studies with EFFEXOR XR, there was a low incidence of weight gain jitteriness (agitation). To learn how EFFEXOR XR has helped others ge back to their lives again, see Personal Stories.

Try to be patient about the treatment process. Just as depression, generalized anxiety disorder, and social anxiety disorder do not happer overnight, it takes time to feel better. It usually takes 6 to 8 weeks to fee the full benefits of EFFEXOR XR. Results may vary among individuals. the best way to ensure that you return to feeling like yourself again is to take your medication every day, as instructed by your doctor.

The goal is to reduce or virtually eliminate your symptoms and get back your life again. If symptoms of depression and associated symptoms of anxiety are interfering with your life, and you're not where you want to b ask your doctor about EFFEXOR XR, a treatment option that may help get back to doing your favorite activities again.

IMPORTANT NOTE: The following information is intended to supplement, not substitute for, the expertise and judgment of your physician, pharmacist or other healthcare professional. It should not be construed to indicate that use of the drug is safe, appropriate, or effective for you. Consult your healthcare professional before using this drug.

VENLAFAXINE SUSTAINED-RELEASE - ORAL

USES: This medication is an antidepressant (serotonin-norepinephrine reuptake inhibitor type) used in the treatment of depression and anxiety disorders (Generalized Anxiety Disorder, Social Anxiety Disorder) in adults. It works by restoring the balance of natural chemicals (neurotransmitters) in the brain, thereby improving mood and feelings of well-being.

Venlafaxine should not be used in children and teenagers due to lack of proven effectiveness in treating depression and anxiety disorders in children. Also, there have been reports of hostility and thoughts of suicide or self-harm occurring in some children using the drug.

HOW TO USE: Take this medication by mouth once a day, exactly as prescribed. Take this medication with food.

Swallow the medication whole. Do not crush, break, chew, or place the capsule in water. If you have difficulty swallowing this medication whole, the capsule may be opened and the contents sprinkled onto a spoonful of applesauce and taken as directed. Swallow the mixture immediately. Do not chew the food/medication mixture. Follow each dose with a glass of water to wash the medication down.

During the first few days your doctor may gradually increase your dose to allow your body to adjust to the medication. Do not take the medication more often or increase your dose without consulting your doctor. Your condition will not improve any faster but the risk of serious side effects will be increased if you do not follow the directions.

Do not stop taking this drug suddenly without your doctor's approval. Your dose may need to be gradually reduced to prevent adverse effects.

SIDE EFFECTS: This medication may initially cause dizziness and nausea as your body adjusts to the medication. Other side effects reported include trouble sleeping, nervousness, sweating, loss of appetite, dry mouth, tremor, blurred vision, constipation, drowsiness, change in sexual ability, or anxiety. If any of these effects persist or worsen, notify your doctor promptly.

Notify your doctor immediately if you develop any of these serious effects: rapid or irregular heartbeat, chest pain, severe headache, painful or difficult urination, muscle cramping, confusion, seizures.

Tell your doctor immediately if any of these unlikely but serious side effects occur: black stools, "coffee ground" vomit,

easy bruising/bleeding.
An allergic reaction to this drug is unlikely, but seek immediate medical attention if it occurs. Symptoms of an allergic reaction include: rash, itching, swelling, dizziness, trouble breathing.
If you notice other effects not listed above, contact your doctor or pharmacist.

PRECAUTIONS: Tell your doctor your medical history, especially of: kidney disease, liver disease, heart disease, high blood pressure, high cholesterol, seizures, glaucoma, any allergies.
This drug may make you dizzy or drowsy and may affect judgment, thinking, or your physical reactions; use caution engaging in activities requiring alertness such as driving or using machinery. Avoid alcoholic beverages.
Though uncommon, depression itself can lead to thoughts or attempts of suicide. Tell your doctor immediately if you have any suicidal thoughts, or other mental/mood changes. Keep all medical appointments so your doctor can monitor your progress closely.
Elderly persons may be more sensitive to the effects of this medication. Use with caution.
This medication should be used only if clearly needed during pregnancy. Discuss the risks and benefits with your doctor.
It is not known if this medication appears in breast milk. Consult your doctor before breast-feeding.

DRUG INTERACTIONS: This drug should not be used with the following medications because very serious interactions may occur: MAO inhibitors (e.g., tranylcypromine, phenelzine, isocarboxazid, selegiline, linezolid, furazolidone).
If you are currently using or have recently stopped taking an MAO inhibitor within the last 14 days, tell your doctor or pharmacist before starting venlafaxine.
Before using this medication, tell your doctor or pharmacist of any prescription and nonprescription products you may use, especially of: cimetidine, other drugs which can cause bleeding/bruising (e.g., thrombolytic drugs such as TPA, anticoagulants such as heparin or warfarin, antiplatelet drugs including NSAIDs such as ibuprofen), other drugs that increase serotonin effects (e.g., lithium, triptans such as sumatriptan, SSRI antidepressants such as fluoxetine), sedatives, narcotic pain relievers (e.g., codeine, morphine), seizure medication, medicine for weight control.
Low-dose aspirin (usually 81-325 mg per day) for heart attack or stroke prevention should be continued unless your doctor instructs you otherwise. Aspirin is similar to NSAID drugs, and can increase the risk of bleeding in combination with this medication (see above). Discuss the risks and benefits with your doctor.
Do not start or stop any medicine without doctor or pharmacist approval.

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Geodon®	
Brand Name:	Geodon®
Active Ingredient:	ziprasidone
Strength(s):	20 mg, 40, 60 and 80mg
Dosage Form(s):	Capsules
Company Name:	Pfizer Inc.
Availability:	Prescription only
*Date Approved by the FDA:	February 5, 2001
*Approval by FDA does not mean that the drug is available for consumers at this time.	

What is Geodon used for?

Geodon is an antipsychotic medicine. Antipsychotic medicines are used to treat symptoms of schizophrenia that may include:

- hearing voices, seeing things, or sensing things that are not there
- mistaken beliefs
- unusual suspiciousness
- becoming withdrawn from family and friends

Who should NOT take Geodon?

Geodon can increase your chance of an abnormal heart rhythm (the way your heart beats) if you have certain heart conditions or take certain medicines. Therefore do not take Geodon if you have the following heart conditions:

- long QT syndrome (a specific heart rhythm problem)
- a recent heart attack
- severe heart failure
- certain irregularities of heart rhythm (discuss the specifics with your doctor)

Do not take Geodon if you are currently taking medications that should not be taken while you are taking Geodon, such as:

- dofetilide (Tikosyn®)
- sotalol (Betapace®)
- quinidine
- certain anti arrhythmics
- mesoridazine (Serentil®)
- thioridazine (Mellaril®)
- chlorpromazine (Thorazine®)
- droperidol (Inapsine®)
- pimozide (Orap®)

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- sparfloxacin (Zagam®)
- gatifloxacin (Tequin)
- moxifloxacin (Avelox®)
- halofantrine (Halfan®)
- mefloquine (Lariam®)
- pentamadine (Pentam®)
- arsenic trioxide (Trisenox®)
- levomethadyl acetate (Orlaam®)
- dolasetron mesylate (Anzemet®)
- probucol (Lorelco®)
- tacrolimus (Prograf®)

Do not take Geodon if you are allergic to Geodon or any of the other ingredients of Geodon.

General Precautions with Geodon:

Geodon may have a higher risk than some other medicines for schizophrenia because it may change the way the electrical current in the heart works more than some other drugs. We do not know whether this will be harmful, but some other medicines that cause this kind of change have sometimes caused rare dangerous heart rhythm problems. Because of this possible risk, Geodon should be used only after your doctor has considered this risk for Geodon against the risks and benefits of other medicines available for treating schizophrenia.

Dizziness, and sometimes fainting, caused by a drop in blood pressure may happen with Geodon, especially when you first start taking this medicine or when the dose is increased.

Because Geodon can cause sleepiness, be careful when operating machinery or driving a motor vehicle, until you know how this medicine affects you.

Geodon may interfere with the ability of your body to adjust to heat. Therefore, avoid high temperatures and high humidity.

Do not drink alcohol while taking Geodon.

What should I tell my health care provider?

Only your health care provider can decide if Geodon is right for you. Before you start Geodon, be sure to tell your health care provider if you:

- are pregnant or plan on becoming pregnant. We do not know if Geodon can harm your baby.
- are breast-feeding. We do not know if Geodon can pass into your milk and if it can harm your baby.
- have or had any problem with the way your heart beats or any heart related illness or disease.
- any family history of heart disease or heart problems.
- have or had any problem with fainting or dizziness.
- have or had liver problems.
- have ever had an allergic reaction to Geodon or any of the other ingredients of Geodon capsules. Ask your doctor or pharmacist for a list of these ingredients.

Tell your health care provider about the medicines you take, including prescription and non-prescription medicines, vitamins, and herbal supplements. Some medicines can cause serious side effects if taken while you also take Geodon. Some medicines may affect how Geodon works, or Geodon may affect how your other medicines work. Check with your health care provider before starting any new prescription or non-prescription medicine, vitamin, or

P. 7

Drugs and Medicines

Brand name:

Geodon

Pronounced: GEE-oh-dahn
Generic name: Ziprasidone hydrochloride

Why is this drug prescribed?

Return to top

Geodon is used in the treatment of the crippling mental disorder known as schizophrenia. Researchers believe that it works by opposing the action of serotonin and dopamine, two of the brain's major chemical messengers. Because of its potentially serious side effects, Geodon is typically prescribed only after other medications have proved inadequate.

Geodon is usually taken in capsule form. An injectable version is available for quick relief of agitated patients. Injectable Geodon is generally used for no more than a few days.

Most important fact about this drug

Return to top

In some people with heart problems or a slow heartbeat, Geodon can cause serious and potentially fatal heartbeat irregularities. The chance of a problem is greater if you are taking a water pill (diuretic) or a medication that prolongs a part of the heartbeat known as the QT interval. Many of the drugs prescribed for heartbeat irregularities prolong the QT interval and should never be combined with Geodon. Other drugs to avoid when taking Geodon include Anzemet, Avelox, Halfan, Inapsine, Lariam, Mellaril, Nebupent, Orap, Orlaam, Pentam, Probucol, Prograf, Serentil, Tequin Thorazine Trisenox and Zagam If you're uncertain about

HEALTH INFORMATION CENTER

AIDS / HIV
Allergies
Anxiety
Arthritis
Asthma
Anxiety

P. 8

Breast Cancer
Cardiac Disease
Cancer
Depression
Diabetes
Digestive Problems
Headaches
High Blood Pressure
High Cholesterol
Infections
Kidney Disease
Liver Disease
Migraines
Respiratory Problems
Sexually Transmitted Diseases
Urological Conditions

Tequin, Thorazine, Trisenox, and Zagam. If you're uncertain about the risks of any drug you're taking, be sure to check with your doctor before combining it with Geodon.

How should you take this medication?

Return to top

Geodon capsules should be taken twice a day with food.

--If you miss a dose...

Why is this drug prescribed?

Return to top

Geodon is used in the treatment of the crippling mental disorder known as schizophrenia. Researchers believe that it works by opposing the action of serotonin and dopamine, two of the brain's major chemical messengers. Because of its potentially serious side effects, Geodon is typically prescribed only after other medications have proved inadequate.

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Most important fact about this drug

Return to top

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How should you take this medication?

Return to top

Geodon capsules should be taken twice a day with food.

--If you miss a dose...

Take it as soon as you remember. If it is almost time for your next

dose, skip the one you missed and go back to your regular schedule. Do not take 2 doses at once.

--Storage instructions...

Store at room temperature.

What side effects may occur?

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Side effects cannot be anticipated. If any develop or change in intensity, inform your doctor as soon as possible. Only your doctor can determine if it is safe for you to continue taking Geodon.

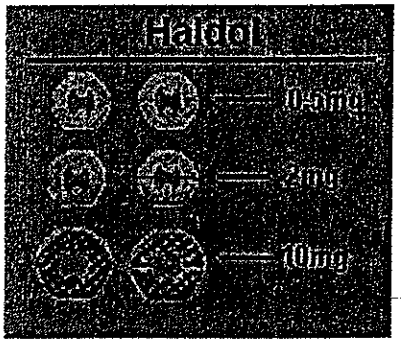
- *More common side effects may include:*
  Accidental injury, cold symptoms, constipation, cough, diarrhea, dizziness, drowsiness, dry mouth, indigestion, muscle tightness, nausea, rash, stuffy and runny nose, upper respiratory infection, vision problems, weakness

- *Other side effects may include:*
  Abdominal pain, abnormal body movements, abnormal ejaculation, abnormal secretion of milk, abnormal walk, abnormally low cholesterol, agitation, amnesia, anemia, bleeding gums, bleeding in the eye, blood clots, blood disorders, blood in urine, body spasms, breast development in males, bruising or purple spots, cataracts, chest pain, chills, clogged bowels, confusion, conjunctivitis (pinkeye), coordination problems, decreased blood flow to the heart, delirium, difficulty breathing, difficulty swallowing, difficulty with orgasm, double vision, dry eyes, enlarged heart, eyelid inflammation, female sexual problems, fever, flank pain, flu-like symptoms, fungal infections, gout, hair loss, heavy menstruation, heavy uterine or vaginal bleeding, high blood pressure, high blood sugar, hives, hostility, impotence, increased reflexes, increased sensitivity to touch or sound, inflammation of the cornea, inflammation of the heart, involuntary or jerky movements, irregular heartbeat, liver problems, lockjaw, loss of appetite, loss of menstruation, low blood sugar, low blood pressure, low body temperature, lymph disorders, male sexual problems, muscle disorders, muscle pain, muscle weakness, nighttime urination, nosebleed, pneumonia, prickling or tingling sensation, rapid heartbeat, rectal bleeding, rigid muscle movement, ringing in ears, rolling of the eyeballs, sensitivity to sunlight, skin problems, slow heartbeat, slowed movement, speech problems, stroke, sudden drop in blood pressure upon standing up, swelling in the arms and legs, swelling in the face, swollen lymph nodes, swollen tongue, tarry stools, tendon inflammation, thirst, throat spasms, thyroid disorders, tremor, twitching, uncontrolled eye movement, urination decrease or increase, vaginal bleeding, vein inflammation, vertigo, vision disorders, vomiting, vomiting or spitting blood, yellowed skin and eyes, weight gain, white spots in the mouth

EXIBIT-T [redacted], P.1

Disorders
Med Info
Diagnosis
DSM ™
Downloads
Glossary
Studies
Treatments
Resources
The Brain
Assessment
Fast Facts

FREE
Testing



Haloperidol (Haldol, Haldol Decanoate, Halperon)

(In Canada (Apo-Haloperidol, Haldol LA, Novo-Peridol, Peridol, PMS-Haloperidol)

Haloperidol (Haldol, Haldol Decanoate, Halperon) is an antipsychotic drug of high-potency, strong tranquilizer. Haloperidol (Haldol, Haldol Decanoate, Halperon) is used in the treatment of acute psychosis, acute schizophrenia, manic phases, to control aggression, to control agitation, disorganized and psychotic thinking. It may also be used to help treat false perceptions. (E.g. hallucinations or delusions) or in the treatment of Gilles de la Tourette syndrome. To treat psychosis associated with dementia, depressions, or mania. This drug however is more likely to cause movement side effects like Tardive Dyskinesia, then most other antipsychotic drugs. Generally accepted uses not FDA approved include, adjuvant for in chronic pain, control vomiting from chemotherapy, ease refractory sneezing, control refractory hiccups, lessen delirium from LSD flashbacks, lessen delirium from phencyclidine intoxication, or may be helpful in autistic persons.

CLASS: Butyrophenone.
Generic name: Haloperidol, Haloperidol Lactate, and Haloperidol Decanoate.
Type: Antipsychotic.

Strengths:

Tables:
0.5mg, 1mg, 2mg, 5mg, 10mg, 20mg.

Concentrate:
2mg per ml

Injection:
5mg, 50mg per ml, 100mg per ml.

Decanoate is long-acting.

Dosages: Actual dosage must be determined by a physician.

Oral:

Start: 0.5mg to 2mg 2 or 3 times daily.
Increases: 0.5mg in 3 or 4 day intervals, as needed.
Maintenance: Low as possible in 24 hours.
Maximum: 100 mg in 24 hours.

Normal dosage:

If under 18 years of age, Only if under the care of a child psychiatrist!
18 to 60 years of age, 0.5mg to 30mg daily.
Over 60 years of age, Lower dosage increased cautiously.

Problems with:

Liver Function: Lower dosage, as needed.
Kidney Function: High dosage with caution and only as needed.

Test:

Before taking: None.
While taking: Haloperidol levels regularly.

Take With: Empty stomach and a full glass of water.

Full Benefits In: In several weeks.

Missed Dose(s): If within one hour take, if over an hour skip and then continue on your normal schedule.
Never Take a Double Dose!

If Stop Taking: Do not stop without consulting your physician and never abruptly. Withdraws may include muscle spasms.

Overdose symptoms include: Coma, Convulsions, profound drowsiness, tremor, or weakness.

Warnings

Antacids containing aluminum or magnesium should not be taken one hour before taking this drug and never right after.

Only take this drug and Heterocyclic antidepressants with careful monitoring. Check with your physician if you are taking central nervous system depressants like antihistamines, hay fever medicines, sedatives, narcotics, anesthetics, barbiturates, or muscle relaxants. Check with your physician if you are taking a vasodilator (drug that dilate blood vessels.)

pulmonary ventilation and could result in complications, such as terminal bronchopneumonia.

Occupational Hazards:
Although haloperidol is a relatively nonsedating neuroleptic, sedation may occur in some patients. Therefore, physicians should be aware of this possibility and caution patients about the danger of participating in activities requiring complete mental alertness, judgement and physical coordination, such as driving and operating dangerous machinery.

Haloperidol may prolong the hypnotic action of barbiturates and may potentiate the effects of alcohol and other CNS depressant drugs such as anesthetics and narcotics; caution should therefore be exercised when it is used with agents of this type and adjustments in their dosage may be required.

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Precautions

Administration to patients with severe cardiac involvement should be guarded, despite the fact that haloperidol is well tolerated by patients with cardiac insufficiency and that it has been used with favorable results to maintain the cardiovascular function of patients with excitive crises. In very rare instances, it has been felt that haloperidol was contributory to the precipitation of attacks in angina prone patients. Moderate hypotension may occur with parenteral administration or excessive oral doses of haloperidol; however, vertigo and syncope occur only rarely.

Haloperidol may lower the convulsive threshold and has been reported to trigger seizures in previously controlled known epileptics. When instituting haloperidol therapy in these patients, adequate anticonvulsant medication should be maintained concomitantly.

As with other antipsychotic agents, haloperidol should be administered cautiously to patients with severe impairment of liver or kidney function, and to patients with known allergies or history of allergies to other neuroleptic drugs. Caution is also advised in patients with pheochromocytoma and conditions predisposing to epilepsy, such as alcohol withdrawal and brain damage.

Haloperidol has lowered cholesterol concentrations in the serum and liver of monkeys. An accumulation of desmosterol has been observed in the serum of rats given repeated high doses (10 mg/kg) of haloperidol. In man, mild transient decreases in serum cholesterol were reported in preliminary studies. However, in a study involving a group of schizophrenic patients on extended medication, significant lowering of serum cholesterol was not observed with haloperidol, and there was no accumulation of desmosterol or 7-dehydrocholesterol. A significant lowering of cholesterol

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temporarily discontinued.

However, considerable interpatient variability exists, and, although some individuals may tolerate higher than average doses of haloperidol, severe extrapyramidal reactions, necessitating discontinuation of the drug, may occur at relatively low doses. Administration of an antiparkinson agent is usually, but not always, effective in preventing or reversing neuromuscular reactions associated with haloperidol.

Tardive dyskinesias:
As with all antipsychotic agents, tardive dyskinesia may appear in some patients on long-term therapy or may appear after drug therapy has been discontinued. The risk appears to be greater in elderly patients on high dose therapy, especially females. The symptoms are persistent and in some patients appear to be irreversible. The syndrome is characterized by rhythmical, involuntary movements of the tongue, face, mouth or jaw (e.g. protrusion of tongue, puffing of cheeks, puckering of mouth, chewing movements). Sometimes these may be accompanied by involuntary movements of extremities.

There is no known effective treatment for tardive dyskinesia; antiparkinsonism agents usually do not alleviate the symptoms of this syndrome. It is suggested that all antipsychotic agents be discontinued if these symptoms appear. Should it be necessary to reinstitute treatment, or increase the dosage of the agent, or switch to a different antipsychotic agent, the syndrome may be masked. The physician may be able to reduce the risk of this syndrome by minimizing the unnecessary use of neuroleptic drugs and reducing the dose or discontinuing the drug, if possible, when manifestations of this syndrome are recognized, particularly in patients over the age of 50. It has been reported that fine vermicular movements of the tongue may be an early sign of the syndrome and if the medication is stopped at that time the syndrome may not develop.

Tardive dystonia, not associated with the above syndrome, has also been reported. Tardive dystonia is characterized by delayed onset of choreic or dystonic movements, is often persistent, and has the potential of becoming irreversible.

Behavioral:
Insomnia, depressive reactions, and toxic confusional states are the more common effects encountered. Drowsiness, lethargy, stupor and catalepsy, confusion, restlessness, agitation, anxiety, euphoria, and exacerbation of psychotic symptoms, including hallucinations, have also been reported.

Cardiovascular:
Tachycardia, hypertension and ECG changes including prolongation of the QT interval and ECG pattern changes compatible with the polymorphous configurations of torsades de pointes have been

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Diphenhydramine

Brand name: Benadryl

Drug monograph

Contents

Pharmacology

Antihistaminic; Antihistamine - Decongestant

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Indications

Antihistamine, antiemetic and antispasmodic. Allergic diseases such as hay fever, allergic rhinitis, urticaria, angioedema, atopic dermatitis, contact dermatitis, gastrointestinal allergy, pruritus, physical allergies, reactions to injection of contrast media, reactions to therapeutic preparations and allergic transfusion reactions; also postoperative nausea and vomiting, motion sickness, and quieting emotionally disturbed children.

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Contraindications

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Cream should not be applied to extensively denuded or weeping skin areas.

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Warnings

Antihistamines should be used with considerable caution in patients with narrow-angle glaucoma, stenosing peptic ulcer, pyloroduodenal obstruction, symptomatic prostatic hypertrophy, or bladder-neck obstruction. Not recommended for children with chronic lung disease or glaucoma.

Topical:
For external use only. Do not use on chicken pox, measles or extensive areas of skin. If condition worsens or persists for more than 7 days, consult a physician. Do not use other drugs containing diphenhydramine while using this product.

Children:
In infants and children, especially, antihistamines in overdosage may cause hallucinations, convulsions, or death. As in adults, antihistamines may diminish mental alertness in children. In the young child, particularly, they may produce excitation.

Geriatrics (approximately 60 years or older):
Antihistamines are more likely to cause dizziness, sedation and hypotension in elderly patients.

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Precautions

Pregnancy and Lactation:
Safety for use in pregnancy and lactation has not been established. Its use therefore in such patients should involve consideration of expected benefits and possible risks.

Avoid s.c. or perivascular injection. Single parenteral dosage greater than 100 mg should be avoided, particularly in hypertension and cardiac disease.

Use as Local Anesthetic:
This drug should not be used as a local anesthetic due to the risk of local tissue necrosis.

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Occupational hazards:
Patients should be cautioned not to operate vehicles or hazardous machinery until their response to the drug has been determined.

Since the depressant effects of antihistamines are additive to those of other drugs affecting the CNS, patients should be cautioned against drinking alcoholic beverages or taking hypnotics, sedatives, psychotherapeutic agents or other drugs with CNS depressant effects during antihistaminic therapy. Diphenhydramine has an atropine like action and therefore should be used with caution in patients with a history of bronchial asthma, increased intraocular pressure, hyperthyroidism, cardiovascular disease or hypertension.

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Adverse Effects

Drowsiness, dizziness, dryness of mouth, nausea and nervousness may occur. Other infrequently reported effects are vertigo, palpitation, blurring of vision, headache, restlessness, insomnia and thickening of bronchial secretions. Allergic reactions, diarrhea, vomiting and excitation may also occur.

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Dosage

Oral:
Capsules or caplets:
Adults, 25 to 50 mg 3 or 4 times daily.
Children, 10 years or over: 25 mg 3 or 4 times daily or as prescribed. Capsules and caplets are not recommended for children under 10.

Elixir:
Adults and children 12 years and over: 10 to 20 mL every 4 to 6 hours.
Children, 6 to under 12 years: 5 to 10 mL every 4 to 6 hours. Maximum 4 doses/day.

Children's Liquid:
Children under 2 years: 2.5 mL every 4 to 6 hours.

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Children 2 to 5 years: 5 mL every 4 to 6 hours.
Children 6 to under 12 years: 10 to 20 mL every 4 to 6 hours. Maximum 4 doses/day.

Parenteral: 10 to 50 mg i.v. or deep i.m.

Maximum daily dose: 400 mg in divided doses. High dosage for adults (300 to 400 mg daily) may be required in acute, generalized or chronic urticaria, and allergic eczema.

Topical:
For relief of itching due to insect bites, mild cases of sunburn, poison ivy or oak, and other minor skin irritations. Apply locally 3 or 4 times daily.

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Supplied

Caplets:
25 mg:
Each, pink, film-coated caplet imprinted Benadryl on both sides contains: Diphenhydramine HCl 25 mg. Energy: 0.5 kJ (0.12 kcal). Gluten-free, lactose, paraben-free, sodium-free, sulfite-free and tartrazine-free. Unit packages of 12 and 24. Bottles of 100.

50 mg:
Each white capsule with pink cap contains: Diphenhydramine HCl 50 mg. Also contains lactose. Energy: 2 kJ (0.47 kcal). Gluten-free, paraben-free, sodium-free, sulfite-free and tartrazine-free. Bottles of 100 and 500.

Cream:
Each 30 g tube of white emulsion for topical use contains: Diphenhydramine 2% w/w. Also contains parabens.

Elixir:
Each 5 mL of red elixir contains: Diphenhydramine HCl 12.5 mg. Also contains alcohol 15% v/v and sucrose. Energy: 42.7 kJ (10.2 kcal)/5 mL. Gluten-free, lactose-free, paraben-free, sodium-free, sulfite-free and tartrazine-free. Plastic bottles of 100 and 500 mL.

Children's Liquid:
Each 5 mL of colorless, fruit-flavored liquid contains: Diphenhydramine HCl 6.25 mg. Also contains

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sodium 14.96 mg, sodium cyclamate and sorbitol as sweetener. Energy: 32.76 kJ (7.83 kcal). Alcohol and sucrose-free. Plastic bottles of 100.

Steri-Dose Syringes:
Each 1 mL disposable syringe contains: Diphenhydramine HCl 50 mg. Packages of 10.

Vials:
Each mL of injectable solution contains: Diphenhydramine HCl 50 mg. Vials of 1 mL, packages of 10. Vials of 10 mL (contain benzethonium chloride 0.01% as a preservative).

Benadryl Decongestant:
Each biconvex, ellipsoidal, blue, film-coated tablet, embossed BENADRYL D on both sides, contains: Diphenhydramine HCl 25 mg and pseudoephedrine HCl 60 mg. Energy: 0.71 kJ (0.17 kcal). Sodium: <1 mmol (0.12 mg). Cartons of 12 (blister-packaged).

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Research

The **research information** is available separately on Internet Mental Health.

Note: This information is from a **Canadian** monograph. There can be differences in indications, dosage forms and warnings for this drug in other countries.

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